

1.) CORPORATION NAME:

DUE DATE: **7/31/2011**

**Inpatient Consultants of Tennessee, Inc., A Medical Corporation**

SCC ID NO: **F1694233**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4605 LANKERSHIM BLVD  
SUITE 617

CITY/ST/ZIP: NORTH HOLLYWOOD, CA 91602-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ADAM SINGER M.D.  
TITLE: P/CFO/CEO  
ADDRESS: 4605 LANKERSHIM BLVD  
SUITE 617  
CITY/ST/ZIP/CO: NORTH HOLLYWOOD, CA 91602-

OFFICER

DIRECTOR

NAME: DEVRA SHAPIRO  
TITLE: SECRETARY  
ADDRESS: 4605 LANKERSHIM BLVD  
SUITE 617  
CITY/ST/ZIP/CO: NORTH HOLLYWOOD, CA 91602-

OFFICER

DIRECTOR

NAME: FERNANDO SARRIA  
TITLE: CORP CONTROLLER  
ADDRESS: 4605 LANKERSHIM BLVD  
STE 617  
CITY/ST/ZIP/CO: NORTH HOLLYWOOD, CA 91602-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ADAM SINGER M.D.

ADAM SINGER M.D., P/CFO/CEO

5/31/2011

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.