

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 571127

FILED
Apr 14, 2004
Secretary of State

Entity Name: PROFESSIONAL PRACTICE MANAGEMENT, INC.

Current Principal Place of Business:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1813742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LURIE, PEPI
917 RIVERBEND BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LURIE, LAURENCE,
Address: 917 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL

Title: STD () Delete
Name: LURIE, PEPI
Address: 917 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LURIE, LAURENCE,
Address: 917 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE LURIE

PRES

04/14/2004

Electronic Signature of Signing Officer or Director

Date