

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024127

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

**Entity Name:** PRACTICE SYNERGISTICS, LLC

**Current Principal Place of Business:**

12515 N KENDALL DR, STE 412  
MIAMI, FL 33186

**New Principal Place of Business:**

12515 N KENDALL DR, STE 406  
MIAMI, FL 33186

**Current Mailing Address:**

12515 N KENDALL DR, STE 412  
MIAMI, FL 33186

**New Mailing Address:**

12515 N KENDALL DR, STE 406  
MIAMI, FL 33186

FEI Number: 20-1232477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILECA, MICHAEL  
12515 N KENDALL DR, STE 412  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

BILECA, MICHAEL  
12515 N KENDALL DR, STE 406  
MIAMI, FL 33186 US

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: MICHAEL BILECA

01/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BILECA, MICHAEL S MGR  
Address: 12515 N KENDALL DRIVE SUITE 406  
City-St-Zip: MIAMI, FL 33186 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL BILECA

MGR

01/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date