

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005215

FILED
Apr 11, 2012
Secretary of State

Entity Name: MED3000 PRACTICE RESOURCES, LLC

Current Principal Place of Business:

680 ANDERSEN DRIVE, 10 FOSTER PLAZA
PITTSBURGH, PA 15220

New Principal Place of Business:

Current Mailing Address:

680 ANDERSEN DRIVE, 10 FOSTER PLAZA
PITTSBURGH, PA 15220

New Mailing Address:

FEI Number: 26-4693155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GALLO, ROBERT C II
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

Title: MGR
Name: HAMPSON, PATRICK V
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

Title: MGR
Name: NEWMAN, STEPHEN R
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

Title: MGR
Name: RICHARDSON, SCOTT
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

Title: MGR
Name: RUFF, GARY
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

Title: MGR
Name: SCHICKLER, RICHARD
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA
City-St-Zip: PITTSBURGH, PA 15220

I hereby 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: ROBERT C. GALLO II

MGR

04/11/2012

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