

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000017115

**Entity Name:** SECUNDUS PRACTICE MANAGEMENT, INC.

**Current Principal Place of Business:**

1817 SIR LANCELOT CIRCLE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

1817 SIR LANCELOT CIRCLE  
SAINT CLOUD, FL 34772 US

**FEI Number:** 45-4566386

**Certificate of Status Desired:** No

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

MC FEE, PA-C, MBA, PAUL  
1817 SIR LANCELOT CIRCLE  
SAINT CLOUD, FL 34772 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MC FEE, PA-C, MBA, PAUL  
Address 1817 SIR LANCELOT CIRCLE  
City-State-Zip: SAINT CLOUD FL 34772

Title VST  
Name MC FEE, CAROLYN  
Address 1817 SIR LANCELOT CIRCLE  
City-State-Zip: SAINT CLOUD FL 34772

*I hereby 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 all other like empowered.*

**SIGNATURE:** MC FEE, PA-C, MBA , PAUL

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date