

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000110204

Entity Name: SPECIALTY PRACTICE SOLUTIONS, LLC

Current Principal Place of Business:

5340 N FEDERAL HWY, SUITE 110
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

5340 N FEDERAL HWY, SUITE 110
SUITE 207
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 47-1346797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUPTA, MAYURI P DR.
5340 N FEDERAL HWY, SUITE 110
LIGHTHOUSE POINT, FL 33064 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

Authorized Person(s) Detail :

Title MGR
Name GUPTA, MAYURI P DR.
Address 5340 N FEDERAL HWY, SUITE 110
City-State-Zip: LIGHTHOUSE POINT FL 33064

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYURI GUPTA

OWNER

04/17/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date