

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005056

**Entity Name:** PROSERVE PRACTICE MANAGEMENT GP, INC.**Current Principal Place of Business:**140 E TYLER, STE 300  
LONGVIEW, TX 75601-7241**Current Mailing Address:**140 E TYLER, STE 300  
LONGVIEW, TX 75601-7241**FEI Number: 47-0865451****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR. STE 150A  
TAMPA, FL 33607 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	DP
Name	HUGHES, BILL G
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

Title	S
Name	TORRES, BILL
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

Title	D
Name	OLOFINLADE, OLUSOLA
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

Title	DV
Name	DEESE, JULIAN V
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

Title	D
Name	BUCKELEW, DARYL
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

Title	D
Name	LEWIS, PERRY
Address	140 E TYLER, STE 300
City-State-Zip:	LONGVIEW TX 75601-7241

*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: BILL G HUGHES****PRESIDENT****01/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date