

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 571127

FILED
Apr 13, 2011
Secretary of State

Entity Name: PROFESSIONAL PRACTICE MANAGEMENT, INC.

Current Principal Place of Business:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779 US

Current Mailing Address:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779

New Mailing Address:

917 RIVERBEND BLVD.
LONGWOOD, FL 32779 US

FEI Number: 59-1813742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LURIE, PEPI STD
917 RIVERBEND BLVD
LONGWOOD, FL 32779 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LURIE, LAURENCE PD
Address: 917 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779 US

Title: STD
Name: LURIE, PEPI STD
Address: 917 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779 US

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: PEPI LURIE

STD

04/13/2011

Electronic Signature of Signing Officer or Director

Date