
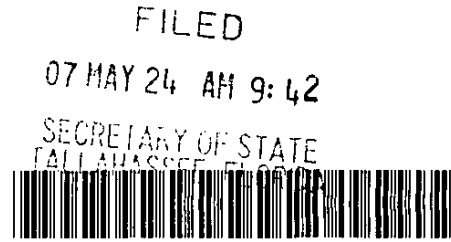


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A01000000390	
1. Entity Name JMLS FAMILY LTD.	

Principal Place of Business 1112 WESTON ROAD, #226 WESTON FL 33326	Mailing Address 1112 WESTON ROAD, #226 WESTON FL 33326
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent COHN, ALAN B 2021 TYLER STREET HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Alan B. Cohn Street Address (P.O. Box Numbers Not Acceptable) 100 West Cypress Creek Road Suite 700 City Fort Lauderdale FL Zip Code 33309
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	P00000112308 MEDICAL PRACTICE STRATEGIES, INC. 1112 WESTON ROAD WESTON FL 33326	STREET ADDRESS CITY ST ZIP	000103637340 06/01/07--01006--022 **500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Managing Partner/Pres. 954.347.2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

STAPLE CHECK HERE