

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F51575

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9455 KOGER BLVD N  
STE 114  
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

2110 WELCOME WAY  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

P.O. BOX 22367  
ST PETERSBURG, FL 337422367 US

**New Mailing Address:**

**FEI Number:** 59-2337347      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WYSONG, ANGELA R  
9455 KOGER BVD N  
STE 114  
ST PETERSBURG, FL 33702 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: PST  
Name: JENKINS, JOHN  
Address: 1959 ARROWHEAD DR N.E  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: JOHN A JENKINS

PST

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date