2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

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Entity Name: PHYSICIAN PRACTICE SOLUTIONS, L.L.C.

Current Principal Place of Business:

1970 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1970 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 04-3666790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DONALD K JR.
599 9TH N, SUITE 300
NAPLES, FL 34102 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLEN, JEFFREY S
Address: 1970 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete
Name: HETMAN, SUSAN L
Address: 1970 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEFFREY S. ALLEN MGR 04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date