

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003375

FILED
Mar 05, 2008
Secretary of State

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 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

03/05/2008

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