LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034185

SIGNATURE: JON DIS

1. Entity Name

PROFESSIONAL PRACTICE SOLUTIONS, LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90998 014 ****55.00

DO NOT WRITE IN THIS SPACE.							
2. Principal P /287 Suite, Apt.	Place of Business Robin Kay Rd #, etc.	3. Mailing Address 1287 Robin Kay Rd. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 74-3075453	Applied For Not Applicable		
Zip 323/3	Country USA	32312	Country US F	7		5.00 Additional se Required	
					7. Name and Address of Current Registered Agent		
DO NOT WRITE				n Di Domeni co			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				128	287 Robin Kay Rd.		
The state of the s							
			Cit	Y Ta.11	ahassee FL	Zip Code 323/Z	
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.							
OLONIATE IDE							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1							
9.	MANAGING MEMBE	RS/MANAGERS			7.5.3.5.7.10.5.0.1.1		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.							

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03