

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

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

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

DOCUMENT # L02000034185

1. Entity Name

PROFESSIONAL PRACTICE SOLUTIONS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1287 Robin Kay Rd.  
Suite, Apt. #, 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

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jan DiDomenico

Street Address (P.O. Box Number is Not Acceptable)  
1287 Robin Kay Rd.

City Tallahassee

FL

Zip Code

32312

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Jan DiDomenico  
STREET ADDRESS 1287 Robin Kay Rd.  
CITY-ST-ZIP Tallahassee FL 32312

TITLE MGRM  
NAME Ronald C. Callen  
STREET ADDRESS 150 meadow Ridge Dr.  
CITY-ST-ZIP Tallahassee FL 32312

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

Jan DiDomenico

4/28/03

850/508-2994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E068B (12/02)