2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L03000040286

Entity Name: PATIENT PRACTITIONERS, LLC

Current Principal Place of Business:

1165 STATE PARK ROAD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1165 STATE PARK ROAD
CHIPLEY, FL 32428

New Mailing Address:

P.O. BOX 1055
CHIPLEY, FL 32428

FEI Number: 11-3706671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELVIN, NAOMI
1165 STATE PARK ROAD
CHIPLEY, FL 32428 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/MEMBERS:

Title: MGRM ( ) Delete
Name: MELVIN, NAOMI
Address: 1165 STATE PARK ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete
Name: COURTNEY, DOUG
Address: 21 PRINCE KAAREL LANE
City-St-Zip: PALM COAST, FL 32464

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MELVIN, NAOMI F
Address: 1165 STATE PARK ROAD
City-St-Zip: CHIPLEY, FL 32428

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 Section 119.07(3)(i), 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: NAOMI F. MELVIN PRES 01/19/2005

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