

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040286

FILED
Jan 22, 2006
Secretary of State

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:

P.O. BOX 1055
CHIPLEY, FL 32428

New Mailing Address:

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/MANAGERS:

Title: MGRM () Delete
Name: MELVIN, NAOMI F
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: () 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: NAOMI MELVIN

MRS

01/22/2006

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