

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000040286

FILED
May 07, 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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: COBROC MED, LLC,
Address: 340 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

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 F. MELVIN

MGRM

05/07/2006

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