

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040286

FILED
Jan 17, 2007
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: MGRM () Delete
Name: COBROC MED, LLC,
Address: 340 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: COMPTON INVESTMENTS,, LLC
Address: 1020 W. 26 STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: CRITICAL LINKS, LLC,
Address: 2513 PELICAN BAY DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WARD, TEDDY A
Address: 15 SOUTHWIND COURT
City-St-Zip: NICEVILLE, FL 32578 US

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

01/17/2007

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