2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008
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:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 MGRM 03/07/2008

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