2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L03000044239

Entity Name: PRACTICE MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

600 CYPRESS GREEN CIR.
ATTN: WALTER ARNOLD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

600 CYPRESS GREEN CIR.
ATTN: WALTER ARNOLD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 56-2417430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, WALTER
600 CYPRESS GREEN CIR.
WELLINGTON, FL 33414

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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ARNOLD, WALTER B
Address: 600 CYPRESS GREEN CIRCLE
City-St-Zip: WELLINTON, FL 33414

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: WLATER B. ARNOLD MGR 04/19/2004

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