
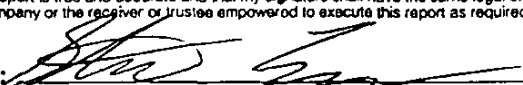


FILED
Feb 21, 2006 8:00 am
Secretary of State

01-25-2006 90050 002 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000048231			
1. Entity Name OSLER PRACTICE MANAGEMENT SYSTEM, LLC			
Principal Place of Business 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901		Mailing Address 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HEEKIN, JAMES F MR. 215 NORTH EOLA DR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when renewing)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OSLER MEDICAL, INC. 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		1-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
APPLIED FOR 20-2338141 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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002

02/18/05 FRI 14:08 FAX

Issued EIN

Page 1 of 1

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L03000048231



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2338141

Today's Date is: February 16, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Print and Fill Out Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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003

Print Review IRS Form SS-4 EIN

Page 1 of 2

30000777
2000048231

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2338141 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested OSLER PRACTICE MANAGEMENT SYSTEM LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 930 SOUTH HARBOR CITY BLVD			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code MELBOURNE FL 32901			5b City, state, and ZIP code		
6* Country and state where principal business is located County BREVARD COUNTY State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee OSLER MEDICAL INC MANAGER			7b* SSN, TIN, EIN 59-3297304		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ NOV 26 2003 <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) NOV 26 2003			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: if the applicant does not expect to have any employees during the period, enter "0"</i> ▶			Agriculture	Household	Other
			0	0	0
14* Check box that best describes the principal activity of your business			<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) SOFTWARE			<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. DEVELOP SOFTWARE					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Gail S Andre Address and ZIP code 215 North Eola Drive Orlando FL 32801			Designee's telephone number (include area code) (407) 418 - 6203 Designee's fax number (include area code) (407) 843 - 4444	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)			Applicant's telephone number (include area code)		

02/18/05 FRI 14:08 FAX

Print Review IRS Form SS-4 EIN

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004

Page 2 of 2

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► Andrew M Atkinson President
Signature ► Not Required

Date ► February 16, 2005 GMT

(321) 725 - 5050
Applicant's tax number (include area code)
() -



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

OSLER PRACTICE MANAGEMENT SYSTEM, LLC
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

Subject: OSLER PRACTICE MANAGEMENT SYSTEM, LLC

Reference Number: L03000048231

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION