

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002025

Entity Name: MYFULLPRACTICE.COM, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

1050 WEST 47TH COURT
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

1050 WEST 47TH COURT
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 52-2411134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERSON, CHARLES M
1050 WEST 47TH COURT
MIAMI BEACH, FL 33140 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/MEMBERS:

Title: MGRM () Delete
Name: SKIBBINS, MARLA M
Address: 1050 WEST 47TH COURT
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: DICKERSON, CHARLES M
Address: 1050 WEST 47TH COURT
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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 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: CHARLES M. DICKERSON

MGRM

04/20/2005

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