

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046908

FILED
Mar 27, 2006
Secretary of State

Entity Name: PRACTICE SOLUTIONS, LLC

Current Principal Place of Business:

907 GARLAND AVE
NOKOMIS, FL 34275 US

New Principal Place of Business:

5359 LEVI LANE
SARASOTA, FL 34233 US

Current Mailing Address:

P.O. BOX 19917
SARASOTA, FL 34276 US

New Mailing Address:

5359 LEVI LN
SARASOTA, FL 34233 US

FEI Number: 37-1493151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAREY-ROY, DEEANN R
907 GARLAND AVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

GAREY-ROY, DEEANN R
5359 LEVI LN
SARASOTA, FL 34233 US

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: DEEANN R. GAREY-ROY

03/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAREY-ROY, DEEANN R
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGRM () Delete
Name: ROY, GREGORY J
Address: PO BOX 19917
City-St-Zip: SARASOTA, FL 34276 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAREY-ROY, DEEANN R
Address: 5359 LEVI LN
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Change () Addition
Name: ROY, GREGORY J
Address: 5359 LEVI LN
City-St-Zip: SARASOTA, FL 34233 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: DEEANN R. GAREY-ROY

MGR

03/27/2006

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