

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046908

FILED  
Apr 20, 2008  
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 LN  
SARASOTA, FL 34233 US

## Current Mailing Address:

907 GARLAND AVE  
NOKOMIS, FL 34275 US

## New Mailing Address:

PO BOX 19917  
SARASOTA, FL 34276 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:

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: MGR ( ) 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: 907 GARLAND AVE  
City-St-Zip: NOKOMIS, FL 34275 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GAREY-ROY, DEEANN R  
Address: PO BOX 19917  
City-St-Zip: SARASOTA, FL 34276 US

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

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: DEEANN R GAREY-ROY

MGR

04/20/2008

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