

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046908

FILED
Apr 15, 2009
Secretary of State

Entity Name: PRACTICE SOLUTIONS, LLC

Current Principal Place of Business:

5359 LEVI LN
SARASOTA, FL 34233 US

New Principal Place of Business:

1521 67TH STREET CT E
BRADENTON, FL 34208 US

Current Mailing Address:

PO BOX 19917
SARASOTA, FL 34276 US

New Mailing Address:

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
1521 67TH STREET CT E
BRADENTON, FL 34275 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

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM (X) Change () Addition
Name: ROY, GREGORY J MGRM
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

MGRM

04/15/2009

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