

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046908

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** PRACTICE SOLUTIONS, LLC

**Current Principal Place of Business:**

5515 RICHARDSON RD  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

4949 SR 64 EAST  
UNIT 122  
BRADENTON, FL 34208 US

**New Mailing Address:**

5515 RICHARDSON RD  
SARASOTA, FL 34232 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  
5515 RICHARDSON RD  
SARASOTA, FL 34232 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:** MGRM  
**Name:** GAREY-ROY, DEEANN R  
**Address:** 5515 RICHARDSON RD  
**City-St-Zip:** SARASOTA, FL 34232 US

**Title:** MGRM  
**Name:** ROY, GREGORY J  
**Address:** 5515 RICHARDSON RD  
**City-St-Zip:** SARASOTA, FL 34232 US

I hereby 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

08/28/2012

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