

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094305

Entity Name: PRACTICE RESOURCES, LLC

FILED  
Jul 25, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 3319  
SARASOTA, FL 34230

**New Principal Place of Business:**

407 20TH PLACE  
BRADENTON BEACH, FL 34217

**Current Mailing Address:**

P.O. BOX 3319  
SARASOTA, FL 34230

**New Mailing Address:**

407 20TH PLACE  
BRADENTON, FL 34217

FEI Number: 20-2097872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLASS, STEVEN  
1921 WALDERMERE STREET, STE 512  
SARASOTA, FL 34239 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: CLASS, STEVEN  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: CLASS, MICHELLE  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

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 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: STEVEN J. CLASS

MGR

07/25/2007

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