2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000094437

Entity Name: ADVANCED PRACTICE CLINIC, LLC

Current Principal Place of Business:

646 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

646 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, JILL M MSNARNP
646 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547 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/MEMBERS:

Title: MGRM ( ) Delete
Name: ALLEN, JILL M MSNARNP
Address: 646 POWELL DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JILL M. ALLEN MSN ARNP MS 04/26/2005

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