

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094437

FILED
Jan 15, 2010
Secretary of State

Entity Name: ADVANCED PRACTICE CLINIC, LLC

Current Principal Place of Business:

LAKESIDE PROFESSIONAL OFFICES
1184B CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

1299 HIGHWAY 90 WEST
SUITE 1
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

PO BOX 184
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 86-1121307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWELL, JAMES W DO
443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 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: HOWELL, JAMES W DO
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: JAMES W HOWELL

MGRM

01/15/2010

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