

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069039

Entity Name: MED PRACTICE, LLC

FILED
Jul 19, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 771861
ORLANDO, FL 328771861

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771861
ORLANDO, FL 328771861

New Mailing Address:

FEI Number: 43-2086011 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:

GUBBI, PRABHU
4445 SW OAKHAVEN LN
PALM CITY, FL 34990 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: GUBBI, PRABHU
Address: 4445 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: BAZEMORE, GENE
Address: 4445 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: PALAZZOLO, ARLENE
Address: 4445 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

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

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 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: PRABHU GUBBI

MGR

07/19/2006

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