2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069039

Entity Name: MED PRACTICE, LLC

Address:

City-St-Zip:

PALM CITY, FL 34990

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 771861 14250 COLONIAL GRAND BLVD.: #209 ORLANDO, FL 328771861 ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** P.O. BOX 771861 ORLANDO, FL 328771861 FEI Number: 43-2086011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUBBI, PRABHU 4445 SW OAKHAVEN LN PALM CITY, FL 34990 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GUBBI, PRABHU Name: Name: Address: 4445 SW OAKHAVEN LANE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: BAZEMORE, GENE Name: Address: 4445 SW OAKHAVEN LANE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PALAZZOLO, ARLENE Name: Name: 4445 SW OAKHAVEN LANE

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.

Address:

City-St-Zip:

SIGNATURE: PRABHU GUBBI 01/30/2007