2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L05000069039

Entity Name: MED PRACTICE, LLC

Current Principal Place of Business:

14250 COLONIAL GRAND BLVD.: #209
ORLANDO, FL 32837 US

New Principal Place of Business:

14250 COLONIAL GRAND BLVD #2909
ORLANDO, FL 32837 US

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 ( )**

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: PALAZZOLO, ARLENE
Address: 4445 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: GUBBI, RENUKAMBA
Address: 14250 COLONIAL GRAND BLVD APT 2909
City-St-Zip: ORLANDO, FL 32837

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: PRABHU GUBBI MGR 04/24/2009

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