

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000069039

Entity Name: MED PRACTICE, LLC

**FILED**  
**Sep 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

14250 COLONIAL GRAND BLVD #2909  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771861  
ORLANDO, FL 328771861

**New Mailing Address:**

P.O. BOX 32653  
PALM BEACH GARDENS, FL 33420

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

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

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

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: RENUKAMBA GUBBI

MGRM

09/01/2010

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