

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083370

**FILED**  
**Apr 08, 2006**  
**Secretary of State**

**Entity Name:** VIRTUAL PRACTICE SOLUTIONS, LLC

**Current Principal Place of Business:**

3825 7TH LANE  
VERO BEACH, FL 32968

**New Principal Place of Business:**

1725 CASSVILLE AVE.  
VERO BEACH, FL 32966

**Current Mailing Address:**

3825 7TH LANE  
VERO BEACH, FL 32968

**New Mailing Address:**

P.O. BOX 651057  
VERO BEACH, FL 32965

FEI Number: 20-3432321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRECHBILL, MARK  
215 SOUTH FEDERAL HIGHWAY, SUITE 100  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

BRECHBILL, MARK CPA  
215 SOUTH FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994 US

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: MARK BRECHBILL

04/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LYNN PIECZKO, VICKIE  
Address: 3825 7TH LANE  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PIECZKO, VICKIE  
Address: 1725 CASSVILLE AVE.  
City-St-Zip: VERO BEACH, FL 32966

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: VICKIE PIECZKO

MGR

04/08/2006

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