

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083370

FILED
Jan 26, 2009
Secretary of State

Entity Name: VIRTUAL PRACTICE SOLUTIONS, LLC

Current Principal Place of Business:

1725 CASSVILLE AVE.
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 651057
VERO BEACH, FL 32965

New Mailing Address:

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

Name and Address of New Registered Agent:

NOVAK, DAVID CPA
849 20TH ST
VERO BEACH, FL 32960 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: DAVID NOVAK, CPA

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: CRAWFORD, LAURA C
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 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: LAURA CRAWFORD

VP

01/26/2009

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