

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083370

FILED
Apr 14, 2010
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 32966

New Mailing Address:

1725 CASSVILLE AVE.
VERO BEACH, FL 32966

FEI Number: 20-3432321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, DAVID CPA
849 20TH ST
VERO BEACH, FL 32960 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: VP
Name: CRAWFORD, LAURA C
Address: 1725 CASSVILLE AVE.
City-St-Zip: VERO BEACH, FL 32966

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: LAURA C CRAWFORD

VP

04/14/2010

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