

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 13, 2010
Secretary of State**

DOCUMENT# L05000083370

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:

1725 CASSVILLE AVE.
VERO BEACH, FL 32966

New Mailing Address:

458 COPPER CREEK CIR
POOLER, GA 31322

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: PRES
Name: CRAWFORD, LAURA C
Address: 458 COPPER CREEK CIR
City-St-Zip: POOLER, GA 31322

Title: VP
Name: CRAWFORD, CHRISTOPHER
Address: 458 COPPER CREEK CIR
City-St-Zip: POOLER, GA 31322

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 CRAWFORD

PRES

09/13/2010

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