

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000066346

FILED
Dec 10, 2007
Secretary of State

Entity Name: PRACTICE TECHNOLOGIES GROUP, LLC

Current Principal Place of Business:

3365 SE 2ND CT
OCALA, FL 34471 US

New Principal Place of Business:

300 SE 1ST AVE
SUITE B
OCALA, FL 34471 US

Current Mailing Address:

3365 SE 2ND CT
OCALA, FL 34471 US

New Mailing Address:

300 SE 1ST AVE
SUITE B
OCALA, FL 34471 US

FEI Number: 20-5132803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE FOX
3365 SE 2ND CT
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SENIOR VICE PRES., WILLIAM H EDGAR
300 SE 1ST AVE
SUITE B
OCALA, FL 34471 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: WILLIAM H EDGAR

12/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOX, BRUCE
Address: 3365 SE 2ND CT
City-St-Zip: OCALA, FL 34471 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: PRESIDENT, BRUCE FOX
Address: 300 SE 1ST AVE, SUITE B
City-St-Zip: OCALA, FL 34471 US

Title: MR. () Change (X) Addition
Name: SENIOR V. P., WILLIAM H EDGAR
Address: 300 SE 1ST AVE, SUITE B
City-St-Zip: OCALA, FL 34471

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: WILLIAM H EDGAR

SVP

12/10/2007

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