

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066346

FILED
Apr 30, 2008
Secretary of State

Entity Name: PRACTICE TECHNOLOGIES GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

300 SE 1ST AVE
SUITE D
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:

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

Name and Address of New Registered Agent:

PRESIDENT, BRUCE FOX
300 SE 1ST AVE
SUITE D
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: BRUCE FOX

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE FOX

P/D

04/30/2008

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