

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101867

Entity Name: PRACTICESERVE LLC

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5553 HWY 90 WEST  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

5553 HWY 90 WEST  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 20-5737574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARG, PURUSHOTTAM K  
5553 HWY 90 WEST  
PACE, FL 32571 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: STD  
Name: GARG, PURUSHOTTAM K  
Address: 5553 HWY 90 WEST  
City-St-Zip: PACE, FL 32571

Title: P  
Name: GARG, SAUMYA K  
Address: 5553 HWY 90 WEST  
City-St-Zip: PACE, FL 32571

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: PURUSHOTTAM K. GARG

MGR.

03/13/2012

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