

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036694

Entity Name: PRATICEMEDX, LLC

FILED  
May 06, 2008  
Secretary of State

## Current Principal Place of Business:

1515 NORTH FEDERAL HIGHWAY  
SUITE 111  
BOCA RATON, FL 33432

## New Principal Place of Business:

1 SOUTH OCEAN BLVD.  
SUITE 301  
BOCA RATON, FL 33432

## Current Mailing Address:

1515 NORTH FEDERAL HIGHWAY  
SUITE 111  
BOCA RATON, FL 33432

## New Mailing Address:

1 SOUTH OCEAN BLVD.  
SUITE 301  
BOCA RATON, FL 33432

FEI Number: 42-1726593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MONSIGNORE, JASON  
1515 NORTH FEDERAL HIGHWAY  
SUITE 111  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

MONSIGNORE, JASON  
1 SOUTH OCEAN BLVD  
SUITE 301  
BOCA RATON, FL 33432 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: JASON MONSIGNORE

05/06/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SEMINAR BUILDERS INC, .  
Address: 6450 BELLA CIRCLE UNIT 1205  
City-St-Zip: BOYNTON BEACH, FL 334375568

Title: MGRM ( ) Delete  
Name: JASON MONSIGNORE ENT, ERPRISES INC.  
Address: 4170 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES:

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

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: JASON MONSIGNORE

MGRM

05/06/2008

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