2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054855

Entity Name: FLDIC PRACTICE SOLUTIONS, LLC

FILED Feb 05, 2009 Secretary of State

New Princip	al Place of Business:
New Mailing	Address:
pplied For () FEI Number Not Applica	able () Certificate of Status Desired ()
ered Agent: Name and A	ddress of New Registered Agent:
tement for the purpose of changing its	registered office or registered agent, or both
Registered Agent	Date
	New Mailing pplied For () FEI Number Not Applica ered Agent: Name and A stement for the purpose of changing its

MANAGING MEMBERS/MANAGERS:

() Delete

Name:

FLORIDA DOCTORS HOLD, ING COMPANY

6982 LAKE DEVONWOOD DRIVE Address: City-St-Zip:

FT MYERS, FL 33908

ADDITIONS/CHANGES:

Title:

Name:

() Change () Addition

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: ELIZABETH KAGAN 02/05/2009