

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054855

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FLDIC PRACTICE SOLUTIONS, LLC

**Current Principal Place of Business:**

6981 LAKE DEVONWOOD DRIVE  
FT. MYERS, FL 33908

**New Principal Place of Business:**

4655 SALISBURY ROAD  
110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4655 SALISBURY ROAD  
110  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 26-0813815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAGAN, ELIZABETH  
6981 LAKE DEVONWOOD DRIVE  
FT MYERS, FL 33908 US

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

SHEALY, MARK C CFO  
4655 SALISBURY ROAD  
110  
JACKSONVILLE, FL 32256 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: MARK C SHEALY

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLORIDA DOCTORS HOLDING COMPANY  
Address: 4655 SALISBURY ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

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: MARK C SHEALY

CFO

01/05/2011

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