

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074758

FILED  
Sep 08, 2008  
Secretary of State

**Entity Name:** MASINA PRACTICE MANAGEMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

22 NORTH MORGAN STREET, SUITE 113  
CHICAGO, IL 60607

**New Principal Place of Business:**

701 MEDICAL PLAZA DR  
LEESBURG, FL 34748

**Current Mailing Address:**

22 NORTH MORGAN STREET, SUITE 113  
CHICAGO, IL 60607

**New Mailing Address:**

FEI Number: 26-2635812      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:**

HEEKIN, JAMES F JR.  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: SIMPSON MASON, BONNIE MD  
Address: 22 N. MORGAN STREET, SUITE 113  
City-St-Zip: CHICAGO, IL 60607 US

Title: CFO ( ) Change (X) Addition  
Name: KERINA, J. MANDUME MD  
Address: 701 MEDICAL PLAZA DR  
City-St-Zip: LEESBURG, FL 34748 US

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: BONNIE SIMPSON MASON, MD

CEO

09/08/2008

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