

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074758

FILED
May 07, 2009
Secretary of State

Entity Name: MASINA PRACTICE MANAGEMENT CONSULTANTS, LLC

Current Principal Place of Business:

701 MEDICAL PLAZA DR
LEESBURG, FL 34748

New Principal Place of Business:

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 ()

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

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

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: BONNIE SIMPSON MASON, MD

CEO

05/07/2009

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