

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074758

**FILED**  
**Jul 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

22 NORTH MORGAN STREET, SUITE 113  
CHICAGO, IL 60607 US

**New Principal Place of Business:**

**Current Mailing Address:**

22 NORTH MORGAN STREET, SUITE 113  
CHICAGO, IL 60607 US

**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:**

MCTHENIA, THOMAS C JR.  
301 EAST PINE STREET,  
1400  
ORLANDO, FL 32801 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: THOMAS MCTHENIA, JR.

07/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: BONNIE S. MASON

PRES

07/13/2012

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