2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L07000110753

Entity Name: FLORIDA PRACTICE & BENEFITS GROUP, L.L.C.

Current Principal Place of Business:

30 WINDING CREEK WAY
ORMOND BEACH, FL 321746773

New Principal Place of Business:

30 WINDING CREEK WAY
ORMOND BEACH, FL 321746773 US

Current Mailing Address:

30 WINDING CREEK WAY
ORMOND BEACH, FL 321746773

New Mailing Address:

30 WINDING CREEK WAY
ORMOND BEACH, FL 321746773 US

FEI Number: 33-1190224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, CAROLINE D
30 WINDING CREEK WAY
ORMOND BEACH, FL 321746773 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: P ( ) Delete
Name: BOYD, CAROLINE D
Address: 30 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 321746773

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BOYD, CAROLINE D
Address: 30 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 321746773 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: CAROLINE D. BOYD PRES 01/07/2009

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