

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000040076

FILED
Mar 01, 2010
Secretary of State

Entity Name: FULLY BOOKED PRACTICE, LLC

Current Principal Place of Business:

9894 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9894 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 26-4756832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANOPOLE, ROBERT J
9894 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446 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: MGRM
Name: CHIROTEAM CONSULTING, INC.
Address: 120 PALM BAY CT.
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: MGRM
Name: PEAK PERFORMANCE MANAGEMENT GROUP, LLC
Address: 9894 SAVONA WINDS DRIVE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGRM
Name: HOSPITAL MAN & ASSOCIATES, INC.
Address: 12717 W SUNRISE BLVD # 421
City-St-Zip: SUNRISE, FL 33323 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: HOSPITAL MAN & ASSOCIATES, INC.

MGRM

03/01/2010

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