

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043783

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** PRACTICE MANAGEMENT SOLUTIONS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

19460 NW 10TH ST.  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

19460 NW 10TH ST.  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLLOVICK, RICHARD A  
10207 SUNRISE LAKES BLVD.  
APT. # 209  
SUNRISE, FL 33029 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: VOLLOVICK, LINDA J  
Address: 19460 NW 10TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM  
Name: VOLLOVICK, HOWARD S  
Address: 19460 NW 10TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33029 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:** LINDA VOLLOVICK

MGRM

03/21/2010

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