

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109473

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PRACTICE MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

5 RED SNAPPER LANE  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

5 RED SNAPPER LANE  
PONTE VEDRA, FL 32082

**New Mailing Address:**

**FEI Number:** 27-1273405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, FRANK A  
5 RED SNAPPER LANE  
PONTE VEDRA, FL 32082 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:** MGR  
**Name:** ALLEN, FRANK A  
**Address:** 5 RED SNAPPER LANE  
**City-St-Zip:** PONTE VEDRA, FL 32082

**Title:** MEMB  
**Name:** SHIRLEY, PAUL D  
**Address:** 3728 PHILLIPS HIGHWAY, SUITE 214-A  
**City-St-Zip:** JACKSONVILLE, FL 32216 DU

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:** FRANK A. ALLEN

CEO

04/22/2010

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