

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083108

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Entity Name:** PRACTICE MANAGEMENT BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

22937 SANDALFOOT BLVD.  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

17329 44TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

22937 SANDALFOOT BLVD.  
BOCA RATON, FL 33428 US

**New Mailing Address:**

17329 44TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 27-3218349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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:** ROUNDS, BENJAMIN  
**Address:** 17329 44TH PLACE NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** MGRM  
**Name:** PINHEIRO, JAIMY  
**Address:** 22937 SANDALFOOT BLVD.  
**City-St-Zip:** BOCA RATON, FL 33428 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:** JAIMY PINHEIRO

MGRM

09/15/2011

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