

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083108

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

17329 44TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

17329 44TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

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:**

ROUNDS, BENJAMIN J  
17329 44TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

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: BENJAMIN ROUNDS

04/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROUNDS, BENJAMIN J  
Address: 17329 44TH PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 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: BENJAMIN ROUNDS

MGRM

04/06/2012

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