2008 FOR PROFFF CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 28, 2008 08:00 Al Secretary of State

DOCUMENT # L60665 1. Entity Name PRACTICE CONSULTANTS, INC.				Secretary of Sta		
Principal Place 150 WINDW/ OSPREY, FL		Mailing Address 150 WINDWARD DRIVE OSPREY, FL 34229 US				
C	O NOT WRITE 6. Name and Address of Current Re	CE	01232008 No Chg-P CR2E034 (11/05) 4. FEI Number			
PARKER, 150 WIND OSPREY,	TRUMAN WARD DR	DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE						
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				.00 May Be ded to Fees		
10. HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PSTD PARKER, TRUMAN 150 WINDWARD DRIVE OSPREY, FL 34229	ECTORS			U00000 01/30/08-	799671 80076-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP					NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of	certify that the information supplied with thi	s filing does not qualify for the exe	emptions contained	d in Chaoter 119	Florida Statutes 1	further certify that the information
indicated of the cor	on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my signat	ure shall have the	same legal effect	as if made under a	nath: that I am an officer or director

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Daytime Phone #

1-23-08 800-393-1979