

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000311

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PRACTICEWORKS SYSTEMS, LLC

**Current Principal Place of Business:**

150 VERONA ST  
ROCHESTER, NY 14608

**New Principal Place of Business:**

**Current Mailing Address:**

150 VERONA ST  
ROCHESTER, NY 14608 US

**New Mailing Address:**

FEI Number: 58-2596264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P ( ) Delete  
Name: ERIKSSON, JAN PATRIK  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: VP ( ) Delete  
Name: DENTON, BRIAN  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: VP ( ) Delete  
Name: FIORE, AL F  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: T ( ) Delete  
Name: POMEROY, MICHAEL  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: S ( ) Delete  
Name: QUINN, JAMES  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: VP ( ) Delete  
Name: FIORE, JOAN  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ERIKSSON, JAN PATRIK  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRE (X) Change ( ) Addition  
Name: GIACOMINI, PAUL  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: SECY (X) Change ( ) Addition  
Name: QUINN, JAMES  
Address: 150 VERONA ST  
City-St-Zip: ROCHESTER, NY 14608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES M. QUINN

SECY

04/28/2009

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