


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000034866	
1. Entity Name PRACTICESERVE, INC.	

Principal Place of Business 5553 HWY. 90 PACE, FL 32571	Mailing Address 5553 HWY. 90 PACE, FL 32571
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3638338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PURUSHOTTAM KUMAR, GARG 5553 HWY 90 PACE, FL 32571

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARG, PURUSHOTTAM K 5553 HWY. 90 PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARG, SAUMYA KUMAR 5553 HWY. 90 PACE, FL 32571
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05/10/06-80042-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. K. Garg Purushottam K Garg **4-24-06** **850-995-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #