

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000084270

1. Entity Name
THE PRACTICE, INC.



FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 010 ***150.00

Principal Place of Business
13 SOUTH MAGNOLIA AVENUE
SUITE B 2ND FLOOR
ORLANDO, FL 32801

Mailing Address
13 SOUTH MAGNOLIA AVENUE
SUITE B 2ND FLOOR
ORLANDO, FL 32801



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVETT, TRACEY
6331 MEADOW RIDGE LN
ORLANDO, FL 32818

**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 NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LOVETT, TRACEY
STREET ADDRESS	891 INTERNATIONAL PARKWAY, 5TH FL
CITY-ST-ZIP	LAKE MARY, FL 32748
TITLE	PS
NAME	Lovett Tracey
STREET ADDRESS	13 S. magnolia Ave., Ste. B, 2nd fl
CITY-ST-ZIP	Orlando, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Tracey Lovett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

407 841-2045

Date

Daytime Phone #