2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003
Secretary of State

DOCUMENT# P02000020580

Entity Name: PRACTICE BUSINESS MANAGEMENT, INC.

Current Principal Place of Business:

550 BALMORAL N. CIRCLE DR.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 26825
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 04-3605595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBSON, KEVIN S
542 BROWARD RD.
JACKSONVILLE, FL 32218 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: DOBSON, KEVIN S
Address: 542 BROWARD ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Change (X) Addition
Name: DOBSON, RONALD W
Address: 1149 NATIVE DANCER CT.
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN DOBSON PRES 01/06/2003

Electronic Signature of Signing Officer or Director — Date