## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000012905

City-St-Zip:

Entity Name: PRACTITIONER SERVICES, INC.

FORT MYERS, FL 33912 US

FILED May 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	CON POINTE ŒRS, FL 3391				
Current N	/lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
13650 FIDDLESTICKS BLVD, STE 202, PMB 255 FORT MYERS, FL 33912 US				6900 DANIELS PARKWAY PO BOX 309 STE 29 FORT MYERS, FL 33912 US	
FEI Number	r: 20-2259549	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
8931 FAL	, MELISSA CON POINTE 'ERS, FL 3391				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
		03(2)(b), F.S., the corporation did r g Trust Fund Contribution (  ).	not receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	GRUBBS, MÈL	) Delete ISSA POINTE LOOP	Title: ( Name: Address:	) Change ()Addition	

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 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: MELISSA GRUBBS CEO 05/07/2009