

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036509

Entity Name: MED-PRACTICE SOLUTIONS, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2855 S ATLANTIC AVE SUITE 404
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

PO BOX 7007
DAYTONA BEACH, FL 32116

New Mailing Address:

FEI Number: 59-3801051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

THORPE, LISA U
2855 S ATLANTIC AVENUE
404
DAYTONA BEACH, FL 32118 US

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: LISA U. THORPE

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: THORPE, LISA U
Address: 2855 S ATLANTIC AVE SUITE 404
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA U. THORPE

PSTD

04/27/2006

Electronic Signature of Signing Officer or Director

Date