

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 009 ***150.00

DOCUMENT # P07000035132

1. Entity Name
PRACTICE REMEDY, INC.



Principal Place of Business
**35206 US 19 N UNIT 217
PALM HARBOR, FL 34684**

Mailing Address
**35206 US 19 N UNIT 217
PALM HARBOR, FL 34684**



2. Principal Place of Business - No P.O. Box #
35246 US HWY 19 N

3. Mailing Address
35246 US HWY 19 N

Suite, Apt. #, etc.
UNIT 217

Suite, Apt. #, etc.
UNIT 217

07242008 Chg-P CR2E034 (12/06)

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
20-8404740

Applied For
Not Applicable

Zip Country
34684-1931 USA

Zip Country
34684-1931 USA

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

6. Name and Address of Current Registered Agent

**GARDNER, CYNTHIA D
445 LAKEVIEW DRIVE
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name **GRANE, JOSEPH**
Street Address (P.O. Box Number is Not Acceptable)
670 SANDY HOOK RD
RA
City **PALM HARBOR** FL Zip Code **34683**

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 *Joseph C. Grane* **JOSEPH C GRANE** **7/24/08**
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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRANE, JOSEPH C**
STREET ADDRESS **20852 RAIN TREE LANE**
CITY-ST-ZIP **TRABUCO CANYON, CA 92679**

TITLE **D** ☐ Delete
NAME **GARDNER, CYNTHIA D**
STREET ADDRESS **445 LAKEVIEW DRIVE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **GRANE, JOSEPH C**
STREET ADDRESS **670 SANDY HOOK RD**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Joseph C. Grane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08 **727-785-4025**
Date Daytime Phone #