

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000079327

FILED  
Mar 25, 2010  
Secretary of State

Entity Name: MED PRACTICE SOLUTIONS INC.

**Current Principal Place of Business:**

2855 SOUTH ATLANTIC AVE., #404  
DAYTONA BCH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2855 SOUTH ATLANTIC AVE., #404  
DAYTONA BCH, FL 32118

**New Mailing Address:**

FEI Number: 27-1049991

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:**

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: PD  
Name: BROWN, NEIL M  
Address: 2855 SOUTH ATLANTIC AVE., #404  
City-St-Zip: DAYTONA BCH, FL 32118

Title: STD  
Name: THORPE, LISA  
Address: 2855 SOUTH ATLANTIC AVE., #404  
City-St-Zip: DAYTONA BCH, FL 32118

I hereby 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 all other like empowered.

SIGNATURE: NEIL M BROWN

PRES

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date