

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000079327

FILED
Feb 23, 2011
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

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 BROWN

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date