

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039378

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: PRACTICE OPS, INC.

**Current Principal Place of Business:**

4409 HOFFNER AVENUE  
#136  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4409 HOFFNER AVENUE  
#136  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 27-2644129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAD A WALTERS, P.A.  
174 WEST COMSTOCK AVENUE  
SUITE 100  
WINTER PARK, FL 32789 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: P  
Name: NEUHAUS, JOHN J  
Address: 821 SWEETWATER ISLAND CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: PEACH, KENNETH R  
Address: 7146 SHADY WOOD LANE  
City-St-Zip: ORLANDO, FL 32835

Title: S/T  
Name: MYERS, DANIEL L  
Address: 3648 CRESCENT PARK BOULEVARD  
City-St-Zip: ORLANDO, FL 32812

Title: VP  
Name: DE ARMAS, DELTON G  
Address: 14881 TOWNE LAKE CIRCLE  
City-St-Zip: ADDISON, TX 75001

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: DANIEL MYERS

S/T

04/27/2011

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

\_\_\_\_\_  
Date