

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091054

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL PRACTICE MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

825 CROSSWINDS DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 CROSSWINDS DRIVE  
BRANDON, FL 33511 US

**New Mailing Address:**

P.O. BOX 7173  
BRANDON, FL 335087173 US

**FEI Number:** 36-4681853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEVORE, GLORIA H  
825 CROSSWINDS DRIVE  
BRANDON, FL 33511 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: DEVORE, GLORIA H  
Address: 825 CROSSWINDS DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: SECT  
Name: DEVORE, GLORIA H  
Address: 825 CROSSWINDS DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: T  
Name: HILL, ROBERT R JR.  
Address: 801 SAND RIDGE  
City-St-Zip: VALRICO, FL 33594 US

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:** GLORIA H. DEVORE

PRES

04/08/2011

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

\_\_\_\_\_  
Date