2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

DOCUMENT# P10000091054

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:

P.O. BOX 7173
BRANDON, FL 335087173 US

New Mailing Address:

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: ROBERT R HILL JR T 04/06/2012

Electronic Signature of Signing Officer or Director Date