

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000097179

Entity Name: PRACTICE HEALTH, INC.

FILED  
Apr 29, 2011  
Secretary of State

## Current Principal Place of Business:

9780 E INDIGO STREET  
204  
PALMETTO BAY, FL 33157

## New Principal Place of Business:

9780 E INDIGO STREET, SUITE 204  
PALMETTO BAY, FL 33157

## Current Mailing Address:

9780 E INDIGO STREET  
204  
PALMETTO BAY, FL 33157

## New Mailing Address:

9780 E INDIGO STREET, SUITE 204  
PALMETTO BAY, FL 33157

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, RAYMOND A  
9780 E INDIGO STREET  
204  
PALMETTO BAY, FL, FL 33157 US

## Name and Address of New Registered Agent:

LEVY, RAYMOND A  
9780 E INDIGO STREET, SUITE 204  
PALMETTO BAY, FL 33157 US

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: RAYMOND A. LEVY

04/29/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: LEVY, RAYMOND A  
Address: 9780 E INDIGO STREET, SUITE 204  
City-St-Zip: PALMETTO BAY, FL 33157

Title: COO  
Name: THOMAS, CLIFFORD A  
Address: 9780 E INDIGO STREET, SUITE 204  
City-St-Zip: PALMETTO BAY, FL 33157

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: RAYMOND A. LEVY

CEO

04/29/2011

Electronic Signature of Signing Officer or Director

Date