

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000107357

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** PARTNERS PRACTICE SERVICES, INC.

**Current Principal Place of Business:**

6151 LAKE OSPREY DR, 3RD FL  
LAKEWOOD RANCH, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6151 LAKE OSPREY DR, 3RD FL  
LAKEWOOD RANCH, FL 34240

**New Mailing Address:**

**FEI Number:** 45-4099902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPANGLER, STEPHEN D  
2381 FRUITVILLE RD  
SARASOTA, FL 34237 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: NIGEL DE WIT  
Address: 11913 SUMMER MEADOW DR  
City-St-Zip: LAKEWOOD RANCH, FL 34240

Title: STD  
Name: ROCHELLE, DAYANI  
Address: 2380 ALLEGHENY LANE  
City-St-Zip: NORTHPORT, FL 34286

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: DAYANI ROCHELLE

STD

04/23/2012

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

\_\_\_\_\_  
Date