

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028580 (7)

1. Corporation Name

PRACTICE TECHNOLOGY, INC.

Principal Place of Business

2619 WHIPPET CT
ORLANDO FL 32822
US

Mailing Address

2619 WHIPPET CT
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3197687

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 1100 E. Robinson Street

2a. Mailing Address

26 1100 E. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

27 City & State

28 Orlando FL

24 Zip

25 32801

Country

25 USA

29 Zip

29 32801

Country

30 USA

9. Name and Address of Current Registered Agent

HILL, BRIAN D
1037 LANCASTER DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and the filer (if filer is not the registered agent)

NOTE: Registered Agent signature required when filing.

(31)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIRKES, CARL D
STREET ADDRESS	2819 WHIPPET CT
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	HILL, BRIAN D
STREET ADDRESS	1037 LANCASTER DR
CITY ST ZIP	ORLANDO FL
TITLE	Apple, Joseph V.
NAME	Apple, Joseph V.
STREET ADDRESS	7616 University Gardens Dr
CITY ST ZIP	Winter Park
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice President
3.3 STREET ADDRESS	Apple, Joseph V.
3.4 CITY ST ZIP	7616 University Gardens Dr.
	Winter Park FL 32782
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if I am not an individual with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 (407) 425-6800