

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 004 ***150.00

DOCUMENT # P93000028580

1. Entity Name

PRACTICE TECHNOLOGY, INC.

Principal Place of Business

1312 E ROBINSON ST
 ORLANDO FL 32801
 US

Mailing Address

1312 E ROBINSON ST
 ORLANDO FL 32801-2178
 US

818790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3197687**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIRKES, CARL D
2819 WHIPPET CT
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DIRKES, CARL D	
STREET ADDRESS	2819 WHIPPET CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, BRIAN D	
STREET ADDRESS	1037 LANCASTER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	APPLE, JOSEPH V	
STREET ADDRESS	7616 UNIVERSITY GARDENS DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan D. Brown	
STREET ADDRESS	428 E. Ridgewood St.	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN D. BROWN	
STREET ADDRESS	428 E. RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph V. Apple
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
 Date

407.228.4400
 Daytime Phone #

CR20004 10/00