

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 011 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000030597 1. Entity Name PRACTICE TRANSITIONS, INC.	
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Principal Place of Business 33 N GARDEN AVE SUITE 760 CLEARWATER, FL 33755 US 105 HARRISON AVE BELLEAIR BCH, FL 33786	Mailing Address 33 N GARDEN AVE SUITE 760 CLEARWATER, FL 33755 US 105 HARRISON AVE BELLEAIR BCH, FL 33786
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03222004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3371491	Applied For No: Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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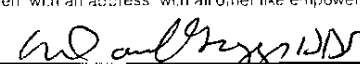
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT ST SUITE 102 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE _____ SIGNATURE USED TO PRINTED NAME OF REGISTERED AGENT AND THE FEE IS \$50.00. (NOTE: Registered Agent Signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-STATE-ZIP	D GRIGGS, W. DAVID 33 N GARDEN AVE., SUITE 170 CLEARWATER, FL 33755
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NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE _____ Scribe Name _____