


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90003 002 \*\*\*150.00

<b>DOCUMENT # P96000030597</b>			
1. Entity Name <b>PRACTICE TRANSITIONS, INC.</b>			
Principal Place of Business <b>105 HARRISON AVE. BELLEAIR BEACH, FL 33786 US</b>		Mailing Address <b>105 HARRISON AVE. SUITE 760 — <i>no suite number</i> BELLEAIR BEACH, FL 33786 US</b>	
2. Principal Place of Business		3. Mailing Address <b>105 HARRISON AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>BELLEAIR BCH, FL</b>	
Zip	Country	Zip	Country
		<b>33786</b>	<b>USA</b>
4. FEI Number <b>59-3371491</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GASSMAN, ALAN S 1245 COURT ST SUITE 102 CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIGGS, W. DAVID 33 N. GARDEN AVE., SUITE 170 CLEARWATER, FL 33755 <i>no longer at this address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRIGGS, W. DAVID 105 HARRISON AVE BELLEAIR BCH, FL 33786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>W. David Briggs</i>		Date: <i>5/19/05</i> 727-593-5852	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	