

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90178 012 ***150.00

DOCUMENT # P96000038809

1. Entity Name
PRACTICE SOLUTIONS, INC.

Principal Place of Business

**4800 N. FEDERAL HWY., STE. 210-A
 BOCA RATON FL 33431**

Mailing Address

**4800 N. FEDERAL HWY., STE. 210-A
 BOCA RATON FL 33431**

2. Principal Place of Business

1239 East Newport Ctr. Dr.

Suite, Apt. #, etc.

Suite 213

3. Mailing Address

1239 East Newport Ctr. Dr.

Suite, Apt. #, etc.

Suite 213

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

Country

33442 USA

Zip

Country

33442 USA

6. Name and Address of Current Registered Agent

**MENKHAUS, DAVID J 160
 2424 4800 N. FEDERAL HWY., STE. 210-A
 BOCA RATON FL 33431**

4. FEI Number

65-0669788

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 _____ (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, 2001 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	VP	<input checked="" type="checkbox"/> Delete
NAME	MENKHAUS, DAVID J	
STREET ADDRESS	4800 N. FEDERAL HWY., STE. 210-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALT, LES S	
STREET ADDRESS	4800 N FEDERAL HWY, STE-210-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALT, LES S.	
STREET ADDRESS	1239 East Newport Ctr DR-Suite 213	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES S. ALT

Date

4/14/01

Daytime Phone #

954-834-2222

CR2E034 (10/00)