

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 017 ***150.00

DOCUMENT # P99000029680

1. Entity Name
MEDICAL PRACTICE SOLUTION SERVICES, INC.



Principal Place of Business

**778 W MIDWAY ROAD
FT. PIERCE, FL 34982**

Mailing Address

**778 W MIDWAY ROAD
FT. PIERCE, FL 34982**

2. Principal Place of Business

2401 FRIST BLVD

Suite, Apt. #, etc.
SUITE 2

City & State
FORT PIERCE, FL

Zip
34950

Country
USA

3. Mailing Address

P.O. Box 336

Suite, Apt. #, etc.

City & State
FORT PIERCE

Zip
34954

Country
USA



04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0677312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEC CONSULTANTS INC
5070 HIGHWAY A1A NORTH
SUITE 221
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name
DEC Consultants, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1515 INDIAN RIVER BLVD

SUITE A210

City
VERO BEACH

FL

Zip Code
32960

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-04

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHAY, KYLA
778 W MIDWAY ROAD
FT. PIERCE, FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SHAY, KYLA
2401 FRIST BLVD, STE 2
FORT PIERCE, FL 34950** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

772.464.0033

Daytime Phone #