2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000052585

Entity Name: HEALTHCARE PRACTICE SOLUTIONS, INC.

FILED Jun 14, 2002 8:00 AM Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3901 SOUTH OCEAN DRIVE 3930 N. 56TH AVE SUITE 3E APT # 305

HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

3901 SOUTH OCEAN DRIVE 3930 N. 56TH AVE

SUITE 3E APT# 305 HOLLYWOOD, FL 33019 APT# 305 HOLLYWOOD, FL 33021

FEI Number: 65-0926138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURG, STACEY M
3901 SOUTH OCEAN DRIVE
SUITE 3E

BURG, RYAN R
3930 N. 56TH AVE
APT# 305

HOLLYWOOD, FL 33019 APT# 305 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33021

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: RYAN R. BURG 06/14/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: BURG, STACEY M Name: BURG, RYAN R

 Address:
 3901 SOUTH OCEAN DRIVE SUITE 3E
 Address:
 3930 N. 56TH AVE APT 305

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: () Delete Title: PDT () Change (X) Addition

Name: BURG, STACEY M

 Address:
 Address:
 3901 S. OCEAN DR. APT 3E

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN R. BURG VP 06/14/2002