

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000018864

**Entity Name:** 360 PRACTICE MANAGEMENT SOLUTIONS CORP

**Current Principal Place of Business:**

11991 S.W. 220TH ST.  
GOULDS, FL 33170

**Current Mailing Address:**

11991 S.W. 220TH ST.  
GOULDS, FL 33170 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SINGLETON, EBONY  
11991 S.W. 220TH ST.  
GOULDS, FL 33170 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | P                    | Title           | VP                   |
| Name            | SINGLETON, EBONY     | Name            | JONES, LISA          |
| Address         | 11991 S.W. 220TH ST. | Address         | 11991 S.W. 220TH ST. |
| City-State-Zip: | GOULDS FL 33170      | City-State-Zip: | GOULDS FL 33170      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** EBONY SINGLETON

**PRESIDENT**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date