

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054855

Entity Name: FLDIC PRACTICE SOLUTIONS, LLC**Current Principal Place of Business:**1700 BENT CREEK BOULEVARD
MECHANICSBURG, PA 17050**Current Mailing Address:**PO BOX 2080
MECHANICSBURG, PA 17055 US**FEI Number:** 26-0813815**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** KARA M. RICCI

04/12/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name FLORIDA DOCTORS HOLDING COMPANY
Address 1700 BENT CREEK BOULEVARD
City-State-Zip: MECHANICSBURG PA 17050

Title VP, FINANCE & CONTROLLER
Name MEISEL, DENNIS ALLEN
Address PO BOX 2080
City-State-Zip: MECHANICSBURG PA 17055

Title PRESIDENT, DIRECTOR
Name BOGUSKI, MICHAEL L.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title TREASURER
Name HENDRICKS, DANA S.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY
Name NEVILLE, KATHRYN A.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAQUITA JACKSON

MANAGER

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date