

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000160265

**Entity Name:** VERTICAL PRACTICE SOLUTIONS, LLC

**Current Principal Place of Business:**

15607 CARAVAGGIO LOOP  
MONTEVERDE, FL 34756

**Current Mailing Address:**

P. O. BOX 560161  
MONTEVERDE, FL 34756

**FEI Number: 83-1139343**

**Certificate of Status Desired: No**

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

THOMASELLI, JAMES  
320 S TUBB ST  
OAKLAND, FL 34760 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

**Authorized Person(s) Detail :**

Title MGR  
Name THOMASELLI, JAMES  
Address 15607 CARAVAGGIO LOOP  
City-State-Zip: MONTVERDE FL 34756

Title MBR  
Name LEVI, DAVID  
Address 135 OLMSTEAD HILL ROAD  
City-State-Zip: WILTON CT 06897

Title MBR  
Name BOOLBOL, ROBERT  
Address 105 WOODSIDE DRIVE  
City-State-Zip: GREENWICH CT 06830

Title MBR  
Name SOOD, PARDEEP  
Address 255 SILVER HILL ROAD  
City-State-Zip: EASTON CT 06612

*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: JAMES THOMASELLI**

**MANAGER**

**04/15/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date