

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000007086

Entity Name: PRACTICE MANAGEMENT ADVISORS, LLC

Current Principal Place of Business:

850 GROVE ST.
ORWIGSBURG, PA 17961

Current Mailing Address:

850 GROVE ST.
ORWIGSBURG, PA 17961

FEI Number: 27-4201757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAUBE, KRISTA
190 CORTLAND AVENUE
WINTER PARK, FL 32789 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 OSTROSKY, LEE
Address 850 GROVE ST.
City-State-Zip: ORWIGSBURG PA 17961

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE OSTROSKY

MANAGING MEMBER

02/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date