2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019628

Entity Name: PHYSICIANS RIGHTPATH, L.L.C.

FILED Mar 03, 2009 Secretary of State

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

10421 UNIVERSITY CTR DR 500M

TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

10421 UNIVERSITY CTR DR 500M TAMPA, FL 33612

FEI Number: 03-0476805 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:

LOCKE, D. RUSSELL LOCKE, D. RUSSELL

10421 UNIVERSITY CENTER DRIVE, STE. 500M 10421 UNIVERSITY CENTER DRIVE

TAMPA, FL 33612 US STE 500M TAMPA, FL 33612 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: 03/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CONSILIENCE, LLC, Name: CONSILIENCE, LLC,

Name: CONSILIENCE, LLC, Name: CONSILIENCE, LLC,
Address: 4600 SW 46TH COURT, #340 Address: 2500 S W 17TH ROAD, BLDG 100

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete Title: () Change () Addition

Name:FLORIDA MEDICAL MANA, GEMENT, LLCName:Address:5593 SW 30TH AVENUEAddress:City-St-Zip:OCALA, FL 34474City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: D RUSSELL LOCKE, MD P 03/03/2009