

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002251

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CONSOLIDATED HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

ONE SARASOTA TOWER, SUITE 800  
2 NORTH TAMIAMI TRAIL  
SARASOTA, FL 342365559

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SARASOTA TOWER, SUITE 800  
2 NORTH TAMIAMI TRAIL  
SARASOTA, FL 342365559

**New Mailing Address:**

FEI Number: 26-1739392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOCK, RONALD G ESQ.  
ONE SARASOTA TOWER, SUITE 800  
2 NORTH TAMIAMI TRAIL  
SARASOTA, FL 342365559 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AMBULATORY SERVICES CORPORATION  
Address: 4240 HALLMARK PARKWAY  
City-St-Zip: SAN BERNARDINO, CA 92407

I hereby 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: RONALD G. HOCK

GC

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date