

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002251

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

**Current Principal Place of Business:**

1800 2ND STREET  
SUITE 915  
SARASOTA, FL 34236-5930

**Current Mailing Address:**

1800 2ND STREET  
SUITE 915  
SARASOTA, FL 34236-5930 US

**FEI Number:** 26-1739392

**Certificate of Status Desired:** No

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

HOCK, RONALD GESQ.  
1800 2ND STREET  
SUITE 915  
SARASOTA, FL 34236-5930 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 AMBULATORY SERVICES CORPORATION  
Address 1800 2ND STREET SUITE 915  
City-State-Zip: SARASOTA FL 34236-5930

*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:** AMBULATORY SERVICES CORPORATION

**MANAGER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date