2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90094 028 ****50.00

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

Principal Place of Business	Mailing Address
2500 S.W. 17TH ROAD, BLDG. 100, STE. 108 OCALA, FL 34474	2500 S.W. 17TH ROAD, BLDG. 100, STE. 108 OCALA, FL 34474

06182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
10421 University Ctr Dr	10421 University Ctr Dr
Suite, Apt. #, etc. 500m	Suite, Apt. #, etc. 500m
City & State Tampa, Fl	City & State Tampa, Fl
Zip 33612 Country Hillsborough	Zip 33612 Country Hillsborough

4. FEI Number 03-0476805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, PAULA A ESQ.
2500 S.W. 17TH ROAD, BLDG. 100, STE. 108
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSILIENCE, LLC 3201 SW 34TH ST OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA MADEICAL MANAGEMENT, LLC 5593 SW 30TH AVE OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ira W Kleinberg M.D 6/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #