

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000019628**

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



Principal Place of Business  
10421 UNIVERSITY CTR DR  
500M  
TAMPA, FL 33612

Mailing Address  
10421 UNIVERSITY CTR DR  
500M  
TAMPA, FL 33612

**DO NOT WRITE IN THIS SPACE**



05032005No Chg-LLC

CR2E083 (10/03)

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

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IN THIS SPACE**

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 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CONSILIENCE, LLC
STREET ADDRESS	3201 SW 34TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	FLORIDA MADEICAL MANAGEMENT, LLC
STREET ADDRESS	5593 SW 30TH AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000368164  
05/24/05-80010-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/9/05

Date

Daytime Phone #