

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 004 \*\*\*138.75

60037573



04292008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L02000019628</b> 1. Entity Name <b>PHYSICIANS RIGHTPATH, L.L.C.</b>					
Principal Place of Business <b>10421 UNIVERSITY CTR DR 500M TAMPA, FL 33612</b>			Mailing Address <b>10421 UNIVERSITY CTR DR 500M TAMPA, FL 33612</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>03-0476805</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>LOCKE, D. RUSSELL 10421 UNIVERSITY CENTER DRIVE, STE. 500M TAMPA, FL 33612</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CONSILIENCE, LLC</b> <input type="checkbox"/> Delete <b>4600 SW 46TH COURT, #340 OCALA, FL 34474</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>FLORIDA MEDICAL MANAGEMENT, LLC</b> <b>5593 SW 30TH AVE OCALA, FL 34474</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Florida Medical Management, LLC</b> <b>5593 SW 30th Avenue</b> <b>Ocala, FL 34474</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					