

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024208

Entity Name: CONSILIENCE, L.L.C.

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2500 S W 17TH ROAD  
BLDG 100  
OCALA, FL 34471

**New Principal Place of Business:**

6035 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474

**Current Mailing Address:**

2500 S W 17TH ROAD  
BLDG 100  
OCALA, FL 34471

**New Mailing Address:**

6035 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474

FEI Number: 41-2061342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCKE, D. RUSSELL  
2500 S W 17TH ROAD  
BLDG 100  
OCALA, FL 34471 US

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

LOCKE, D. RUSSELL  
6035 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474 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

04/19/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOCKE, D. RUSSELL  
Address: 6035 SW 54TH STREET, SUITE 200  
City-St-Zip: OCALA, FL 34474

Title: MGRM  
Name: LOCKE, LAURIE  
Address: 6035 SW 54TH STREET, SUITE 200  
City-St-Zip: OCALA, FL 34474

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: D RUSSELL LOCKE, M.D.

MGRM

04/19/2010

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