

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018241

FILED
Mar 03, 2009
Secretary of State

Entity Name: PRP EQUITY GROUP, L.L.C.

Current Principal Place of Business:

4600 SW 46TH CRT BLDG 200 STE 340
OCALA, FL 34474

New Principal Place of Business:

10421 UNIVERSITY CENTER DRIVE
STE 500M
TAMPA, FL 33612

Current Mailing Address:

4600 SW 46TH CRT BLDG 200 STE 340
OCALA, FL 34474

New Mailing Address:

10421 UNIVERSITY CENTER DRIVE
STE 500M
TAMPA, FL 33612

FEI Number: 20-0934247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, D. RUSSELL
4600 SW 46TH CRT BLDG 200 STE 340
OCALA, FL 34474 US

Name and Address of New Registered Agent:

LOCKE, D. RUSSELL
10421 UNIVERSITY CENTER DRIVE
STE 500M
TAMPA, FL 33612 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:

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONSILIENCE, L.L.C.,
Address: 4600 SW 46TH COURT, #340
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONSILIENCE, L.L.C.,
Address: 2500 S W 17TH ROAD, BLDG 100
City-St-Zip: OCALA, FL 34471

Title: MGRM () Change (X) Addition
Name: FLORIDA MEDICAL MANA, GEMENT LLC
Address: 5593 S W 30TH AVENUE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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, MD

P

03/03/2009

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