

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065235

FILED
Apr 29, 2009
Secretary of State

Entity Name: DIAGNOSTIC CYTOLOGY, LLC

Current Principal Place of Business:

2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0409033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOUTAMIRE, BARBARA
Address: 2540 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA STOUTAMIRE

MS

04/29/2009

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