

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062975

FILED
Jan 20, 2011
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC

Current Principal Place of Business:

1185 SW 9TH RD.
UNIT #310
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

1185 SW 9TH RD.
UNIT #310
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 26-2894395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARROYO, MAY R MGR
608 SW 117TH ST.
GAINESVILLE, FL 32607 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
Name: ARROYO, MAY R MGR
Address: 608 SW 117TH ST.
City-St-Zip: GAINESVILLE, FL 32607 US

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: MAY R. ARROYO MGR 01/20/2011

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