

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062975

FILED  
Mar 30, 2012  
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 ARROYO      MGR      03/30/2012

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