


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED 99 APR 15 PM 4: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000003270</b> <b>PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C.</b> P.O. BOX 147006 GAINESVILLE FL 32614-7006		<b>1a. Principal Place of Business Address</b> 6500 WEST NEWBERRY ROAD GAINESVILLE FL 32605	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Organized or Qualified</b> 12/15/1998		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<b>5. Date of Last Report</b>	
<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>7. Name and Address of Current Registered Agent</b> BYERS, GEORGE E P.A. 6500 WEST NEWBERRY ROAD GAINESVILLE FL 32605		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations</b>			
SIGNATURE _____		DATE _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	GEORGE E. BYERS, M.D.,	P.O. BOX 147006	GAINESVILLE FL
MGRM	PATRICIA W. GOLDBLATT,	P.O. BOX 147006	GAINESVILLE FL
MGRM	SALLY E. RYDEN, M.D.,	P.O. BOX 147006	GAINESVILLE FL
4-19-99			
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address</b>			
SIGNATURE: <i>George E. Byers, Jr. M.D. P.A.</i>		4/14/99 333-4955 352	
SIGNATURE AND TITLE OF REGISTERED AGENT OF LIMITED LIABILITY COMPANY (REQUIRED)			
<b>GEORGE E. BYERS, JR. M.D. P.A.</b>			