2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# M09000001859

Entity Name: PATHGROUP AP, LLC

Current Principal Place of Business:

5301 VIRGINA WAY, SUITE 320
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

5301 VIRGINA WAY, SUITE 320
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 62-1695507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGRM
Name: DAVIS, BEN M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: LENNINGTON, WAYNE M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: CASEY, TERENCE M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: CONNOR, DAN M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: WELCH, DEREK M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: HESSLER, RICHARD M.D.
Address: 5301 VIRGINA WAY, SUITE 320
City-St-Zip: BRENTWOOD, TN 37027

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 Statues.

SIGNATURE: BELINDA S MCSWEEN CONTROLLER CONT 03/31/2010

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