

M090VVU01859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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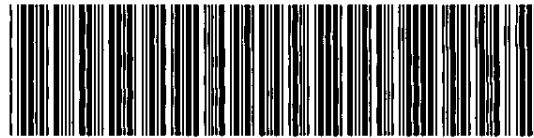
(Business Entity Name)

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DATE: 02-22-2011

NAME: ASSOCIATED PATHOLOGISTS LLC

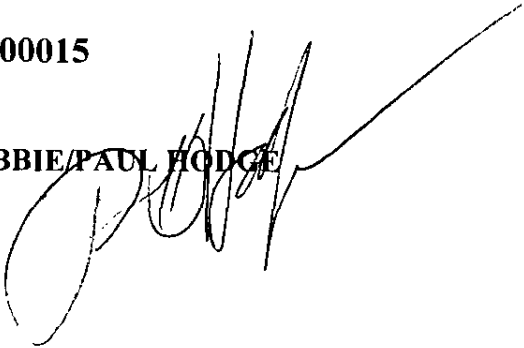
TYPE OF FILING: CONSENT TO CHANGE ALTERNATE NAME

COST: \$25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**WRITTEN CONSENT TO CHANGE ALTERNATE NAME
OF FOREIGN LIMITED LIABILITY COMPANY
IN THE STATE OF FLORIDA**

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I hereby certify that I am the Secretary of Associated Pathologists, LLC ("APLLC"), a limited liability company duly organized and existing under the laws of Tennessee, which is currently authorized to transact business in the state of Florida under Florida document number: M09000001959.

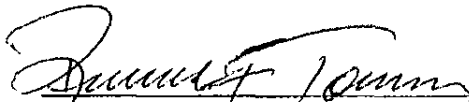
Because the name of APLLC as it appears on the records of its home state or country does not currently satisfy the requirements of the s. 608.406, F.S., APLLC is required to transact business in the state of Florida under an alternate name. APLLC is currently transacting business under the alternate name of:

PathGroup AP, LLC

As the Secretary of APLLC, I hereby submit this affidavit to amend the alternate name on the records of the Florida Department of State to:

PathGroup, LLC

Date: 2/22/11


Russell F. Tonnes, Secretary