## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004355

Entity Name: PATHOLOGY HOLDINGS, LLC

**FILED** Apr 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

951 BROKEN SOUND PARKWAY SUITE #115 902 CLINT MOORE RD BOCA RATON, FL 33487

222

BOCA RATON, FL 33487 US

**Current Mailing Address: New Mailing Address:** 

951 BROKEN SOUND PARKWAY SUITE #115 902 CLINT MOORE RD BOCA RATON, FL 33487

BOCA RATON, FL 33487

FEI Number: 90-0147239 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUEEN, ANDREW QUEEN, ANDREW 951 BRÓKEN SOUND PARKWAY SUITE #115 902 CLINT MOORE RD

BOCA RATON, FL 33487 BOCA RATON, FL 33487 US

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: ANDREW QUEEN 04/18/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

QUEEN, ANDREW QUEEN, ANDREW Name: Name:

951 BROKEN SOUND PARKWAY SUITE #115 Address: Address: 902 CLINT MOORE RD # 226 City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANDREW QUEEN 04/18/2009