

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025049

Entity Name: USA PATH LAB, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

4224 N. TAMPANIA AVENUE
TAMPA, FL 33607

New Principal Place of Business:

8900 N. ARMENIA AVENUE
SUITE 102
TAMPA, FL 33604

Current Mailing Address:

4224 N. TAMPANIA AVENUE
TAMPA, FL 33607

New Mailing Address:

8900 N. ARMENIA AVENUE
SUITE 102
TAMPA, FL 33604

FEI Number: 54-2117286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
C/O BROAD AND CASSEL
100 NORTH TAMPA STREET STE 3500
TAMPA, FL 33608 US

Name and Address of New Registered Agent:

DAVIS, KIRK
C/O AKERMAN SENTERFITT
401 EAST JACKSON STREET
TAMPA, FL 33602 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: KIRK DAVIS

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KANDAWALLA, NARIOSANG M M.D.
Address: 4224 N. TAMPANIA AVENUE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KANDAWALLA, NARIOSANG M M.D.
Address: 8900 N. ARMENIA AVENUE, STE. 102
City-St-Zip: TAMPA, FL 33604

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: NARIOSANG M. KANDAWALLA, M.D.

MGR

07/11/2007

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