

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032486

FILED
Apr 26, 2007
Secretary of State

Entity Name: RELIANCE PATHOLOGY PARTNERS, LLC

Current Principal Place of Business:

5747 HOOVER BOULEVARD
TAMPA, FL 336345340 US

New Principal Place of Business:

Current Mailing Address:

5747 HOOVER BOULEVARD
TAMPA, FL 336345340 US

New Mailing Address:

FEI Number: 86-1079082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET, STE. 1700
TAMPA, FL 33602 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 () Delete
Name: GONZALVO, AMERICO A M. D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 336345340 US

Title: MGRM () Delete
Name: KALIK, ALEJANDRA T M. D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 336345340 US

Title: MGRM () Delete
Name: PARADA, B. CECILIA M. D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 336345340 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMERICO A. GONZALVO, M.D.

MGRM

04/26/2007

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