2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L03000032486

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 (X)**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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, MD MGRM 04/24/2008

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