2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 15, 2009
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 ( )**

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: MGRM (X) Change ( ) Addition
Name: CSERE, ROBERT D.O.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 336345340 US

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 05/15/2009

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