2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: RELIANCE PATHOLOGY PARTNERS, LLC

Current Principal Place of Business:

5747 HOOVER BOULEVARD
TAMPA, FL 336345340 US

New Principal Place of Business:

5747 HOOVER BOULEVARD
TAMPA, FL 33634 US

Current Mailing Address:

5747 HOOVER BOULEVARD
TAMPA, FL 336345340 US

New Mailing Address:

5747 HOOVER BOULEVARD
TAMPA, FL 33634 US

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:

COHEN, JESSICA ESQ
5747 HOOVER BOULEVARD
TAMPA, FL 33634 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: JESSICA COHEN 04/21/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: GONZALVO, AMERICO M.D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

Title: VP
Name: KALIK, ALEJANDRA M.D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

Title: S/T
Name: CSERE, ROBERT S D.O.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

I hereby 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 Statues.

SIGNATURE: AMERICO GONZALVO, M.D. PRES 04/21/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date