

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032486

FILED
Apr 26, 2012
Secretary of State

Entity Name: RELIANCE PATHOLOGY PARTNERS, LLC

Current Principal Place of Business:

5747 HOOVER BOULEVARD
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5747 HOOVER BOULEVARD
TAMPA, FL 33634 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:

COHEN, JESSICA ESQ
5747 HOOVER BOULEVARD
TAMPA, FL 33634 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: P
Name: KALIK, ALEJANDRA M.D.
Address: 5747 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

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

Title: S/T
Name: VITKO, JULIE M.D.
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 Statutes.

SIGNATURE: ALEJANDRA KALIK, MD

P

04/26/2012

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