

L030000032486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600248335216

06/18/13--01008--008 \*\*35.00

FILED

2013 JUL 18 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

JUL 19 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2013

DANIELA COJITA  
RELIANCE PATHOLOGY PARTNERS, L.L.C.  
5747 HOOVER BLVD.  
TAMPA, FL 33634

SUBJECT: RELIANCE PATHOLOGY PARTNERS, LLC  
Ref. Number: L03000032486

FILED  
2013 JUL 18 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RELIANCE PATHOLOGY PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 213A00016108

# Please see attached the correct documents. TY! Daniela

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RELIANCE PATHOLOGY PARTNERS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA COJITA

Name of Person

RELIANCE PATHOLOGY PARTNERS, LLC

Firm/Company

5747 HOOVER BLVD.

Address

TAMPA, FL 33634

City/State and Zip Code

dcojita@pims-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Cojita

Name of Person

at ( 813 )

8868334x2658

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*\$35 check was already submitted*

2013 JUL 18 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: RELIANCE PATHOLOGY PARTNERS, L.L.C.

2. (a) Principal office address of limited liability company: 5747 HOOVER BLVD  
(Note: **MUST BE STREET ADDRESS**) TAMPA, FL 33634

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5747 HOOVER BLVD  
TAMPA, FL 33634

8/28/2003

3. Date of filing/registration in Florida

L03000032486

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JESSICA COHEN, ESQ.

Registered Office Address:

5747 HOOVER BLVD.  
TAMPA, FL 33634

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

DANIELA COJITA

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

5747 HOOVER BLVD.  
TAMPA, FL 33634  
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ALEJANDRA T. KALIK, M.D.

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Daniela Cojita

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00