

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004009

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PATHOLOGY SERVICES LLC

**Current Principal Place of Business:**

10751 RIO HERMOSO  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

951 BROKEN SOUND PARKWAY SUITE #115  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

10751 RIO HERMOSO  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

951 BROKEN SOUND PARKWAY SUITE #115  
BOCA RATON, FL 33487 US

**FEI Number:** 90-0147265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUEEN, ANDREW  
10751 RIO HERMOSO  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

PATHOLOGY HOLDINGS, LLC  
951 BROKEN SOUND PARKWAY SUITE #115  
BOCA RATON, FL 33487 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: ANDREW QUEEN

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATHOLOGY HOLDINGS L, LC  
Address: 951 BROKEN SOUND PKWY; STE 115  
City-St-Zip: BOCA RATON, FL 33446 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PATHOLOGY HOLDINGS,, LLC  
Address: 951 BROKEN SOUND PARKWAY SUITE #115  
City-St-Zip: BOCA RATON, FL 33487 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: ANDREW QUEEN

MGR

04/26/2007

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