2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2006
Secretary of State

DOCUMENT# L04000072125

Entity Name: FIRST CHOICE PATHOLOGISTS, LLC

Current Principal Place of Business:

P.O. BOX 480607
DELRAY BEACH, FL 33448

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 480607
DELRAY BEACH, FL 33448

New Mailing Address:

FEI Number: 20-1811336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRY A. DIAMOND, P.A.
9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 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:	MGR	( ) Delete
Name:	PEREZ, MARIA T M.D.	
Address:	P.O. BOX 480607	
City-St-Zip:	DELRAY BEACH, FL 33448	
Title:	MGR	( ) Delete
Name:	PADRON, SILVIA M.D.	
Address:	P.O. BOX 480607	
City-St-Zip:	DELRAY BEACH, FL 33448	
Title:	MGR	( ) Delete
Name:	CHANGUS, JAMES E PHD MD	
Address:	P.O. BOX 480607	
City-St-Zip:	DELRAY BEACH, FL 33448	
Title:	MGR	( ) Delete
Name:	KURUVILLA, GENEVIEVE MD	
Address:	P.O. BOX 480607	
City-St-Zip:	DELRAY BEACH, FL 33448	
Title:	MGR	( ) Delete
Name:	SUDDUTH, NORMAN C MD	
Address:	P.O. BOX 480607	
City-St-Zip:	DELRAY BEACH, FL 33448	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA T. PEREZ, MD MGR 02/12/2006

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