

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016313

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: M.D. PATH, LLC

**Current Principal Place of Business:**

COLUMBIA HOSPITAL  
2201 45 ST  
WEST PALM BEACH,, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

815 HERNDON AVE.  
SUITE 100  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 05-0632714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUCSPUN, FEDERICO M  
8475 VIA D'ORO  
BOCA RATON, FL 33433 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: MGRM ( ) Delete  
Name: DOVAL, MARIANA  
Address: 8475 VIA D'ORO  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: BUCSPUN, FEDERICO M  
Address: 8475 VIA D'ORO  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

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 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: FEDERICO BUCSPUN

MGRM

01/05/2009

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