

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086081

FILED
Apr 29, 2008
Secretary of State

Entity Name: GASTROCARE PATHOLOGY, LLC

Current Principal Place of Business:

4850 WEST OAKLAND PARK BLVD., SUITE 203
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

7390 NW 5TH ST
SUITE 5
PLANTATION, FL 33317

Current Mailing Address:

4850 WEST OAKLAND PARK BLVD., SUITE 203
LAUDERDALE LAKES, FL 33313

New Mailing Address:

7390 NW 5TH ST
SUITE 5
PLANTATION, FL 33317

FEI Number: 20-3207949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKMAN, GARY M.D.
201 N.W. 82ND AVENUE, SUITE 202
PLANTATION, FL 33324 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: GASTROCARE, LLP,
Address: 2902 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

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: LYLE SILVER

CNTR

04/29/2008

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