

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086081

FILED
Mar 29, 2010
Secretary of State

Entity Name: GASTROCARE PATHOLOGY, LLC

Current Principal Place of Business:

7390 NW 5TH STREET
SUITE 5
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7390 NW 5TH STREET
SUITE 5
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-3207949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JONI COO
C/O GASTROCARE, LLP
2902 NORTH UNIVERSITY DRIVE
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: MGRM
Name: GASTROCARE, LLP
Address: 2902 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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

CONT

03/29/2010

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