

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086081

FILED
Apr 13, 2011
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:

SILVER, LYLE CONT
C/O GASTROCARE, LLP
2902 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: LYLE SILVER

04/13/2011

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

04/13/2011

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