

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086081

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** GASTROCARE PATHOLOGY, LLC

**Current Principal Place of Business:**

3001 CORAL HILLS DRIVE, SUITE 250  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3001 CORAL HILLS DRIVE, SUITE 250  
CORAL SPRINGS, FL 33065

**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:**

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

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

GASTROCARE, LLP  
5431 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067 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

03/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GASTROCARE, LLP  
Address: 5431 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: DAVID SILVER

MANG

03/30/2012

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