

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90078 023 ****50.00

DOCUMENT # L06000092704			
1. Entity Name PATHMED ASSOCIATES, LLC			
Principal Place of Business 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065		Mailing Address 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 5301 S. Congress Ave		3. Mailing Address 5301 S. Congress Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlantis, FL		City & State ATLANTIS, FL	
Zip 33462		Country USA	
4. FEI Number EIN # 76-0839086		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAMOND, BARRY A 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURUVILLA, GENEVIEVE M.D. 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MARIA T M.D. 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, SILVIA M.D. 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Genevieve Kuruvilla</u> (GENEVIEVE KURUVILLA) 1-15-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

561-548-3689