

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092704

FILED
Jan 15, 2009
Secretary of State

Entity Name: PATHMED ASSOCIATES, LLC

Current Principal Place of Business:

5301 SOUTH CONGRESS AVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5301 SOUTH CONGRESS AVE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 76-0839086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAMOND, BARRY A
9728 WEST SAMPLE ROAD
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: MGR () Delete
Name: KURUVILLA, GENEVIEVE M.D.
Address: 9728 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: PADRON, SILVIA M.D.
Address: 9728 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GENEVIEVE KURUVILLA

M.D.

01/15/2009

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