

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033593

FILED
Jan 08, 2009
Secretary of State

Entity Name: BAYCARE PATHOLOGY ALLIANCE LLC

Current Principal Place of Business:

4600 NORTH HABANA AVENUE, STE 19-A
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4600 NORTH HABANA AVENUE, STE 19-A
TAMPA, FL 33614

New Mailing Address:

FEI Number: 11-3810873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DMITRY BASCHINSKY, M.D.
4600 NORTH HABANA AVENUE, STE 19-A
TAMPA, FL 33614 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 () Delete
Name: ASSOCIATED PATHOLOGICAL, STS, P.A.
Address: 3001 W. DR. MARTIN LUTHER KING JR., BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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: DMITRY BASCHINSKY, MD

MGRM

01/08/2009

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