

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033593

FILED
Jan 05, 2010
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:

19045 N DALE MABRY HIGHWAY
LUTZ, FL 33548

Current Mailing Address:

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

New Mailing Address:

19045 N DALE MABRY HIGHWAY
LUTZ, FL 33548

FEI Number: 11-3810873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

DMITRY BASCHINSKY, M.D.
19045 N DALE MABRY HIGHWAY
LUTZ, FL 33548 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: DMITRY BASCHINSKY, MD

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ASSOCIATED PATHOLOGISTS, P.A.
Address: 3001 W. DR. MARTIN LUTHER KING JR., BLVD
City-St-Zip: TAMPA, FL 33607

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: DMITRY BASCHINSKY MD

MGMR

01/05/2010

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