2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

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Entity Name: PATHWAY PARTNERS, LLC

Current Principal Place of Business:

1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 26-0770792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARISEY, CRAIG D M.D.
1629 LAKELAND HILLS BLVD
LAKELAND, FL 33805 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: LARISCY, CRAIG D MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Change (X) Addition
Name: RAMSEY, ROBERT K MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Change (X) Addition
Name: REAVIS, WILTON M MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Change (X) Addition
Name: DUQUE, RICARDO E MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Change (X) Addition
Name: GARCIA, EDWARD J MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Change (X) Addition
Name: BOYNTON, EVANDER A MD
Address: 1635 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

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: CRAIG D LARISCY P 01/11/2008

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