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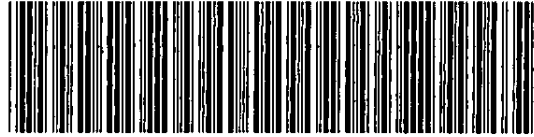
Special Instructions to Filing Officer:

A. LUNT

JUN 27 2008

EXAMINER

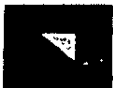
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2008 JUN 26 P 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**V.J. Alvarez & Associates, P.A.**  
Attorneys and Counselors At Law

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June 23, 2008

Registration Section  
Division of Corporations  
Florida Secretary of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: North Central Florida Pathology Consultants, LLC

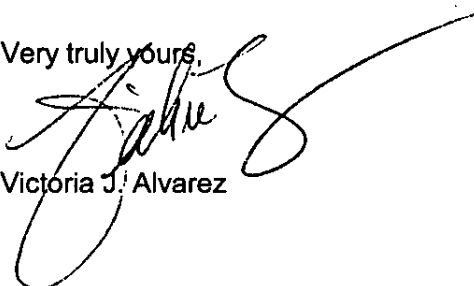
Dear Secretary of State:

Enclosed for filing are **two (2) originals** of the Articles of Organization of North Central Florida Pathology Consultants, LLC and Statement of Registered Agent and Registered Office.

Also enclosed is check number 6605 in the amount of \$155.00, representing your filing fee of \$125.00 and \$30.00 for a certified copy. Please return the certified copy of the Articles of Organization to the undersigned in the stamped self-addressed envelope enclosed for your convenience.

If you have any questions, please feel free to call.

Very truly yours,



Victoria J. Alvarez

VJA:dm

Enclosures

cc: Dr. May R. Arroyo, Member (w/ enc)

FILED  
2008 JUN 26 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC**

The undersigned hereby certifies that the members named herein have associated together for the purpose of becoming a Limited Liability Company under Chapter 608, Florida Statutes (the Florida Limited Liability Company Act), providing for the formation, rights, privileges and Immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

**ARTICLE I.**  
**NAME**

The name of the limited liability company (the "Company") shall be  
**NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC.**

**ARTICLE II.**  
**MAILING AND STREET ADDRESS**

The mailing address and street address of the Company is **1185 S.W. 9<sup>th</sup> Avenue, #310, Gainesville, Florida 32601.**

**ARTICLE III.**  
**DURATION; EFFECTIVE DATE**

In accordance with Section 608.409, Florida Statutes, the existence of this Company shall commence upon the filing of these Articles of Organization by the Department of State. The existence of this Company thereafter shall be perpetual.

**ARTICLE IV.**  
**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Company is **1185 S.W. 9<sup>th</sup> Avenue, #310, Gainesville, Florida 32601**, and the name of its initial registered agent at such address is **MAY R. ARROYO.**

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2000 JUN 26 P 1:40  
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TALLAHASSEE, FLORIDA

**ARTICLE V.  
PURPOSE**

This Company is organized for the purpose or purposes of engaging in any activity within the purposes for which a limited liability company may be formed under the Florida Limited Liability Company Act, including matters incidental or pertaining to, or connected with, such purposes, provided the same shall not be inconsistent with the laws of the State of Florida.

**ARTICLE VI.  
MANAGEMENT**

This Company is to be managed by a manager(s).

**IN WITNESS WHEREOF**, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 23rd day of June, 2008.

By: 

**VICTORIA J. ALVAREZ,**  
Authorized Representative

**FILED**  
2008 JUN 26 P 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF**  
**REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, **NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC**, a limited liability company organized under the laws of the State of Florida, submits the following statement to designate its Registered Agent and Registered Office in the State of Florida.

The name and address of the Registered Agent and Registered Office are:

**MAY R. ARROYO**  
**1185 S.W. 9<sup>th</sup> Avenue, #310**  
**Gainesville, Florida 32601**

Having been named as Registered Agent and to accept service of process for **NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC** in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as Registered Agent. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.

  
**MAY R. ARROYO**

Date: ~~May~~ 22, 2008

*June*

2008 JUN 26 P 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**