

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062975

FILED
Mar 29, 2009
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA PATHOLOGY CONSULTANTS, LLC

Current Principal Place of Business:

1185 S.W. 9TH AVE. #310
GAINESVILLE, FL 32601

New Principal Place of Business:

1185 SW 9TH RD.
UNIT #310
GAINESVILLE, FL 32601 US

Current Mailing Address:

1185 S.W. 9TH AVE. #310
GAINESVILLE, FL 32601

New Mailing Address:

1185 SW 9TH RD.
UNIT #310
GAINESVILLE, FL 32601 US

FEI Number: 26-2894395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROYO, MAY R
1185 S.W. 9TH AVE. #310
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

ARROYO, MAY R MGR
608 SW 117TH ST.
GAINESVILLE, FL 32607 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: MAY R. ARROYO

03/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ARROYO, MAY R MGR
Address: 608 SW 117TH ST.
City-St-Zip: GAINESVILLE, FL 32607 US

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: MAY R. ARROYO

MGR

03/29/2009

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