2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000102581

Entity Name: THE PATHOLOGY GROUP OF NORTHWEST FLORIDA, PLLC

Current Principal Place of Business:

1717 NORTH E STREET STE 227
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1717 NORTH E STREET STE 227
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 80-0294054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACKHOUSE, HARRY B
125 W ROMANA STREET STE 800
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

MORELAND, WENDY S MD
1717 NORTH E ST STE 227
PENSACOLA, FL 32501 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: WENDY S. MORELAND, MD 03/24/2009
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:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: MORELAND, WENDY S MD
Address: 1717 NORTH E ST STE 227
City-St-Zip: PENSACOLA, FL 32501

Title: V P ( ) Change (X) Addition
Name: BURNS, CHARLES E MD
Address: 1717 NORTH E ST STE 227
City-St-Zip: PENSACOLA, FL 32501

Title: SECR ( ) Change (X) Addition
Name: CANDELA, ANDRES MD
Address: 1717 NORTH E ST STE 227
City-St-Zip: PENSACOLA, FL 32501

Title: ASEC ( ) Change (X) Addition
Name: DAVIS, NORTH J MD
Address: 1717 NORTH E ST STE 227
City-St-Zip: PENSACOLA, FL 32501

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: WENDY S MORELAND MD PRES 03/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date