

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102581

FILED
Jan 29, 2010
Secretary of State

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:

4724 NORTH DAVIS HWY 2ND FLOOR
PENSACOLA, FL 32503

Current Mailing Address:

1717 NORTH E STREET STE 227
PENSACOLA, FL 32501

New Mailing Address:

4724 NORTH DAVIS HWY
2ND FLOOR
PENSACOLA, FL 32503

FEI Number: 80-0294054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELAND, WENDY S MD
1717 NORTH E ST STE 227
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

MORELAND, WENDY S MD
4724 NORTH DAVIS HWY
2ND FLOOR
PENSACOLA, FL 32503 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:

01/29/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: MORELAND, WENDY S MD
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: V P
Name: BURNS, CHARLES E MD
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: SECR
Name: CANDELA, ANDRES MD
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: ASEC
Name: DAVIS, NORTH J MD
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

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: WENDY S. MORELAND

PRES

01/29/2010

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