

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031878

FILED
Jan 10, 2011
Secretary of State

Entity Name: NORTHWEST FLORIDA PATHOLOGY LLC

Current Principal Place of Business:

DEPARTMENT OF PATHOLOGY, WEST FLORIDA HOSP
8383 N. DAVIS HWY.
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10769
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 26-4595731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, THOMAS I
8383 N. DAVIS HWY.
PENSACOLA, FL 32514 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: MGRM
Name: KING, THOMAS I
Address: 59 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: MCFADDEN, NORMAN R JR.
Address: 5021 AVOCET LN.
City-St-Zip: PENSACOLA, FL 32514 US

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: THOMAS I. KING

MGRM

01/10/2011

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