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T. CLINE
AUG 1 7 2009
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: <u>Patho</u>	logy Servi Name of Limite	Ces Alliance ed Liability Company	LLC
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	-		
Philip	J. Braur)	
Leesbui	rg Regiona	Name of Person Medical (Firm/Company	Nonter
	ist Dixie		
		Address	SECRETA
Leesbur	g, Florida	34748 y/State and Zip Code	
phraune	Fhalliance E-mail address: (to be used f	Or future annual report notification)	PM 11: 33
For further information con		•	10 A
Phil Braum Name of P	erson	at (350) 323-5 Area Code & Daytime Telep	924 hone Number
Enclosed is a check for the	ne following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION PATHOLOGY SERVICES ALLIANCE, LLC

The undersigned, being authorized to execute and file these Articles of Organization of PATHOLOGY SERVICES ALLIANCE, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

PATHOLOGY SERVICES ALLIANCE, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability my is:

1456 William Street, Leesburg, FL 34788

ARTICLE III — Duration: Company is:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Philip J. Braun, Esq. 600 East Dixie Ave. Leesburg FL 34748

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

<u>ARTICLE VI – Indemnification</u>

The Limited Liability Company shall indemnify and hold harmless its members and managers, if any, against any and all claims and demands-whatsoever.

Philip J. Braun, Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

PATHOLOGY SERVICES ALLIANCE, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Philip J. Braun, Esq

Dated: Huy Hts , 2009

SECRETARY OF STATE