

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078906

FILED
Jan 06, 2010
Secretary of State

Entity Name: PATHOLOGY SERVICES ALLIANCE, LLC

Current Principal Place of Business:

1456 WILLIAM STREET
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

1456 WILLIAM STREET
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 27-0749750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, PHILIP J ESQ.
600 EAST DIXIE AVE
LEESBURG, FL 34748 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: LEESBURG REGIONAL MEDICAL CENTER, INC.
Address: 600 E. DIXIE AVE
City-St-Zip: LEESBURG, FL 34748 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: PHILIP BRAUN, VP LEESBURG REGIONAL MEDICAL

VP

01/06/2010

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