2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

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Entity Name: TREASURE COAST PATHOLOGY LAB, LLC

Current Principal Place of Business:

275 18TH STREET, SUITE 101
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

275 18TH STREET, SUITE 101
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 45-1486987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRES, KATHRYN B ESQ.
21 ROYAL PALM POINTE, SUITE 100
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

MCCORMACK, WILLIAM J M.D.
275 18TH STREE
SUITE 101
VERO BEACH, FL 32960 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: WILLIAM J. MCCORMACK M.D. 04/25/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCCORMACK, WILLIAM J M.D.
Address: 275 18TH STREET SUITE103
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM
Name: MCGOVERN, ROBERT P M.D.
Address: 805 37TH PLACE
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM
Name: LUI, ALEC Y M.D.
Address: 275 18TH STREET SUITE 102
City-St-Zip: VERO BEACH, FL 32960 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 Statues.

SIGNATURE: WILLIAM J. MCCORMACK M.D. MGRM 04/25/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date