


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 15 PM 4: 13 SEARCHED INDEXED TALLAHASSEE, FLORIDA																	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003270 PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C. P.O. BOX 147006 GAINESVILLE FL 32614-7006		1a. Principal Place of Business Address 6500 WEST NEWBERRY ROAD GAINESVILLE FL 32605																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/15/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>																	
7. Name and Address of Current Registered Agent BYERS, GEORGE E. P.A. 6500 WEST NEWBERRY ROAD GAINESVILLE FL 32605			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code																		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations																					
SIGNATURE _____ <small>(The Registered Agent/Agent for Service of Process must be a resident of the State of Florida.)</small>			DATE _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>GEORGE E. BYERS, M.D.,</td> <td>P.O. BOX 147006</td> <td>GAINESVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>PATRICIA W. GOLDBLATT,</td> <td>P.O. BOX 147006</td> <td>GAINESVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>SALLY E. RYDEN, M.D.,</td> <td>P.O. BOX 147006</td> <td>GAINESVILLE FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	GEORGE E. BYERS, M.D.,	P.O. BOX 147006	GAINESVILLE FL	MGRM	PATRICIA W. GOLDBLATT,	P.O. BOX 147006	GAINESVILLE FL	MGRM	SALLY E. RYDEN, M.D.,	P.O. BOX 147006	GAINESVILLE FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address																					
SIGNATURE: <u>George E. Byers, Jr. M.D. P.A.</u> <small>SIGNATURE AND TITLE OF OFFICER, DIRECTOR, MANAGER, OR MEMBER OF THE COMPANY</small>			4/14/99 333-4955 <small>DATE OF FILING</small>																		