2000	D UNIFOR	RM BUSINI	ESS REPO	DRT	(UBR)		APPROVED				
DOCUMENT # L9800003270					· · · · ·		AND FILED				
1. Entity Name PATHOLOGY ASSOCIATES OF NORTH FLORIDA, P.L.						00	MAR 31 PM 1	: 09	_		
						<b>\</b>		h	441	12	
Principal Place of Business Mailing Address						TALL	RETARY OF ST AHASSEE, FLO	RIDA'	0 .1	10	
	NEWBERRY ROAD		O. BOX 147006	3000							
GAINESVILLE	FL 32605	G	AINESVILLE FL 32614-7	/006			. 1981)(()	lam odin semi	FRIER (2018 1130)	18811 SEN 1881	
Principal Place of Business     Address     Address						1881.611		•••••	, <b>,,,,,,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	,	City & State			4. FEI Number Applied For S9-3548179XARXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Zip	Cour	ntry		Coun	try	- 1	ficate of Status Desired	- E	\$5.00 Add	ditional	
	6. Name and Ad	idress of Current Regis	tered Agent	<u> </u>			e and Address of New		Fee Require	<u> </u>	
					Name	T-A < . VI (	OT-DUI-A TT MD				
BYERS, GEORGE E P.A.					PATRICTA W. GOI:DBI:ATT, MD, PA Street Address (P.O. Box Number is Not Acceptable)						
		AD 			PO BOX	147006	<u></u>				
6500 WEST NEWBERRY ROAGAINESVILLE FL 32605  8. The above named entity propries and support of the support of th					City				Zip Cod	e	
					GAINES		or both, in the State of F	FL	32614	<u>-70</u> 06	
··			Make Check P	ayable t	FEE IS \$50.00 o Department						
9.	1	IANAGING MEMBERS/N	MEMBERS Delete	10. TITL	<del> </del>		ADDITION	S/CHANGES	Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE E. BYE P.O. BOX 14700 GAINESVILLE FL	6		NAM STRE	T I						
TITLE	MGRM	020117000	☐ Delete	TITL	Ē				☐ Change	Addition	
NAME STREET ADDRESS	PATRICIA W. GO P.O. BOX 14700	LDBLATT, M.D., P.A.		NAM Stre	E Et address						
CITY-ST-ZIP	GAINESVILLE FL			CITY	-\$T-ZIP		~ <u>_</u>		<del></del>		
TITLE NAME	MGRM SALLY E. RYDEN	I MD DA	Deleto	TITLI Nam			٠.		Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP						
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STREET ADDRESS	1 37 . 5				ET ADDRESS - ST-ZIP						
mu:	5 3		☐ Delete	TITL					Change	Addition	
MAMIS STREET ADDRESS		·		NAM STRE	E ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
		ation supplied with this fi and accurate and that m									
limited lia	ability company or the	and accurate and that me receiver or trustee empt	owered to execute this	s report as	required by Cha	apter 608, Fig	orida Statutes.	RS.JA	. M.L.	P. N. (F	
	Υ <i>ν</i> ι.	SICE PILIS	REAREMIA	5 M.	Ma = 41						
SIGNAT	SIGNATU	RE AND TYPED OR PRINTED N	ME OF BIGNING MANAGING	G MEMBER C	R MANAGER	<i>3-1</i>	0-2000 (	<u>دې دی</u>	Daytime Phone #	9/1	