## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000002633

FILED Jul 17, 2008 Secretary of State

Entity Name: BREVARD COMMUNITY PATHOLOGY SERVICES L.L.C.

**New Principal Place of Business: Current Principal Place of Business:** 500 N. WASHINGTON AVE., #101 TITUSVILLE, FL 32796 **Current Mailing Address: New Mailing Address:** 500 N. WASHINGTON AVE., #101 TITUSVILLE, FL 32796 FEI Number: 59-3581947 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VYAS, SANJIV 14420 SALINGER RD ORLANDO, FL 32828 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VYAS, SANJIV Name: Name: Address: 14420 SALINGER RD Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VYAS, NIMISHA Name: Address: 14420 SALINGER RD Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VARMA, SUDHIR Name: Name: 1670 SOUTH PARK AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SANJIV VYAS PART 07/17/2008