2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L99000002633

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

Current Principal Place of Business:

500 N. WASHINGTON AVE., #101
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

500 N. WASHINGTON AVE., #101
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3581947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VYAS, SANJIV
14420 SALINGER RD
ORLANDO, FL 32828 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 ( ) Delete
Name: VYAS, SANJIV
Address: 14420 SALINGER RD
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete
Name: VYAS, NIMISHA
Address: 14420 SALINGER RD
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete
Name: VARMA, SUDHIR
Address: 1670 SOUTH PARK AVENUE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: VARMA, SUDHIR
Address: 2435 S PARKVIEW AVE
City-St-Zip: ORANGE CITY, FL 32763

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 04/13/2009

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