2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# M00000001370

Entity Name: MOBILE BIOPSY MANAGEMENT, LLC

Current Principal Place of Business:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Principal Place of Business:

Current Mailing Address:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Mailing Address:

FEI Number: 56-2047324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, GARY T MD
2001 HARWOOD C
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

ROBINSON, GARY T MD
2901 S. ATLANTIC AVE.
803
DAYTONA BEACH SHORES, FL 32118 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: _____ 05/07/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBINSON, GARY T
Address: 164 BAYMOUNT DRIVE
City-St-Zip: STATESVILLE, NC 28625

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: GARY ROBINSON GP 05/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date