

MO4000002485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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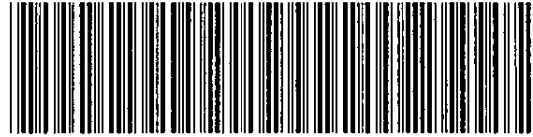
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B. KOHR

OCT 21 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 156502 5166594

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : October 15, 2009

ORDER TIME : 10:45 AM

ORDER NO. : 156502-016

CUSTOMER NO: 5166594

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CHANGE OF AGENT

NAME: AMERIPATH HOSPITAL SERVICES -
FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AMERIPATH HOSPITAL SERVICES - FLORIDA, LLC

2. (a) Principal office address of limited liability company: 3 Giralda Farms
Madison, NJ 07940
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 3 Giralda Farms
Madison, NJ 07940
(Note: MAY BE POST OFFICE BOX)

06/24/2004

3. Date of filing/registration in Florida

M04000002485

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI Services, Inc.

Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cullen
(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Person
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michelle R. Vannoy
(Signature of Registered Agent) Michelle R. Vannoy, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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