

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002485

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** AMERIPATH HOSPITAL SERVICES - FLORIDA, LLC

**Current Principal Place of Business:**

3 GIRALDA FARMS  
MADISON, NJ 07940

**New Principal Place of Business:**

3 GIRALDA FARMS  
3RD FLOOR  
MADISON, NJ 07940

**Current Mailing Address:**

3 GIRALDA FARMS  
MADISON, NJ 07940

**New Mailing Address:**

3 GIRALDA FARMS  
3RD FLOOR  
MADISON, NJ 07940

**FEI Number:** 16-1702356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

04/23/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMERIPATH, INC.  
Address: 3 GIRALDA FARMS, 3RD FLOOR  
City-St-Zip: MADISON, NJ 07940

I hereby 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: WILLIAM J. O'SHAUGHNESSY JR

SEC

04/23/2012

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