2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# M06000001673

Entity Name: AMERIPATH NEW YORK, LLC

Current Principal Place of Business:

C/O AMERPATH, INC.
7111 FAIRWAY DRIVE, SUITE 400
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

C/O AMERPATH, INC.
3 GIRALDA FARMS
MADISON, NJ 07940

Current Mailing Address:

C/O AMERPATH, INC.
7111 FAIRWAY DRIVE, SUITE 400
PALM BEACH GARDENS, FL 33418

New Mailing Address:

C/O AMERPATH, INC.
3 GIRALDA FARMS
MADISON, NJ 07940

FEI Number: 65-0819138 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331 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: LEO C. FARRENKOPF, JR 05/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AMERIPATH, INC.,
Address: 7111 FAIRWAY DRIVE, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LEO C. FARRENKOPF, JR MGR 05/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date