

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049534

Entity Name: GULF COAST PATHOLOGISTS LLC

Current Principal Place of Business:

5542 HIGH STREET
SUITE C
NEW PORT RICHEY, FL 34652-4026

Current Mailing Address:

5542 HIGH STREET
SUITE C
NEW PORT RICHEY, FL 34652-4026 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH WINQUIST ASSOCIATES MD PA
5542 HIGH STREET
SUITE C
NEW PORT RICHEY, FL 34652-4026 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

Date

Authorized Person(s) Detail :

Title MGR
Name DEJESUS, MARITESS G
Address 5542 HIGH STREET
City-State-Zip: NEW PORT RICHEY FL 34652-4026

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARITESS DEJESUS

PRESIDENT

02/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date