

M12000000875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

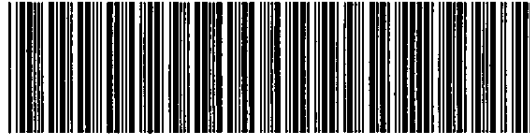
(Business Entity Name)

(Document Number)

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16 FEB 16 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 19 2016  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Histo Pathology Services, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Kirschenbaum  
Name of Person

Histo Pathology Services, LLC  
Firm/Company

535 East Crescent Ave  
Address

Ramsey, NJ 07446  
City/State and Zip Code

m.kirschenbaum@pathlineabs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Kirschenbaum at (201) 934-2976  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
18 FEB 18 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 27, 2016

MARC KIRSCHENBAUM  
535 EAST CRESCENT AVE  
RAMSEY, NJ 07446

SUBJECT: HISTOPATHOLOGY SERVICES, LLC  
Ref. Number: M12000000875

RECEIVED  
2016 FEB 18 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HISTOPATHOLOGY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 916A00001840

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16 FEB 16 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: HistoPathology Services, LLC

2. (a) 535 East Crescent Ave (b) \_\_\_\_\_

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Ramsey, NJ  
07446

\_\_\_\_\_

3. 2/14/2012  
Date of filing/registration in Florida

4. M12000000875  
Document number

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

555 Winterley Place

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 300  
Maitland, FL 32751

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

221 Thornton Drive  
NEW Registered Office Address:

Palm Beach Gardens, FL 33418

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

Schuyler Newman, MD  
Printed or typed name of signee

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 605, 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.

[Signature]  
Signature of Registered Agent