

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602318

Entity Name: PATHOLOGY SPECIALISTS, P.A.**Current Principal Place of Business:**84 W JERSEY STREET
SUITE 1
ORLANDO, FL 32806**Current Mailing Address:**84 W JERSEY STREET
SUITE 1
ORLANDO, FL 32806 US**FEI Number:** 59-1300359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEUNG, WANG L MD
84 W JERSEY STREET
SUITE 1
ORLANDO, FL 32806 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:** WANG L. CHEUNG, MD

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S, D
Name LI, SHUAN MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title P, D
Name CHEUNG, WANG L MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title V, D
Name FRANKLIN, RAYMOND B MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title V, D
Name MAGILL, JAMES M MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title CFO
Name HORNSBY, CHRISTOPHER D MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title V, D
Name LIANG, MEI MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title V, D
Name WAGNER, AARON MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

Title V, D
Name RICH, AMY E. MD
Address 84 W JERSEY STREET, SUITE 1
City-State-Zip: ORLANDO FL 32806

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WANG L. CHEUNG

P, D

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date