

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011843

**Entity Name:** HEMATOPATHOLOGY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

653 W LUMSDEN RD  
BRANDON, FL 33511

**Current Mailing Address:**

357 RIVERSIDE DR  
SUITE 100  
FRANKLIN, TN 34064 US

**FEI Number:** 45-0480598

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR SUITE A  
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

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | AMBR                          | Title           | MGR                           |
| Name            | MCCREA, DAVID                 | Name            | MOSELEY, MATTHEW              |
| Address         | 357 RIVERSIDE DR<br>SUITE 100 | Address         | 357 RIVERSIDE DR<br>SUITE 100 |
| City-State-Zip: | FRANKLIN TN 34064             | City-State-Zip: | FRANKLIN TN 34064             |

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID MCCREA

**MEMBER**

**04/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date