

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000020191

Entity Name: ANATOMIC PATHOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

20601 E DIXIE HWY
SUITE 300
AVENTURA, FL 33180

Current Mailing Address:

1111 PARK CENTER BLVD
SUITE 300
MIAMI GARDENS, FL 33169 US

FEI Number: 27-5095757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAGENER, DAVID
1111 PARK CENTER BLVD
SUITE 300
MIAMI GARDENS, FL 33169 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 WILENTZ, ROBB MD
Address 20601 E DIXIE HWY, STE 300
City-State-Zip: AVENTURA FL 33180

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: ROBB WILENTZ, MD

MGR

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date