

**2014 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

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date