

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000111235

Entity Name: AMERICAN PATHOLOGY OF NORTH FLORIDA, LLC

Current Principal Place of Business:

2151 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

2151 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

FEI Number: 47-1344129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELLER, DAN P ESQ
2701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 MANAGER
Name AKA INVESTMENTS, LLC
Address 2151 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

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: ABDI ABBASSSI

MGR

03/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date