

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200000875

**Entity Name:** HISTOPATHOLOGY SERVICES, LLC

**Current Principal Place of Business:**

156 ROUTE 59  
SUFFERN, NY 10901

**Current Mailing Address:**

535 EAST CRESCENT AVE  
HISTOPATHOLOGY SERVICES  
RAMSEY, NJ 07446 US

**FEI Number:** 26-4236145

**Certificate of Status Desired:** Yes

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

CONROY, BLAIR  
555 WINDERLEY PLACE  
STE 300  
MAITLAND, FL 32751 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 MGRM  
Name NEWMAN, SCHUYLER MD  
Address 555 WINDERLEY PLACE - STE 300  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name SNOPEK, THOMAS JMD  
Address 555 WINDERLEY PLACE - STE 300  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name KIRSCHENBAUM, MARC  
Address 555 WINDERLEY PLACE - STE 300  
City-State-Zip: MAITLAND FL 32751

*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:** MARC KIRSCHENBAUM

MGRM

01/13/2015

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

\_\_\_\_\_ Date