

2013 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:

156 ROUTE 59
SUFFERN, NY 10901 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC KIRSCHENBAUM

MGRM

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date