

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-19-2007 90197 029 ****50.00

DOCUMENT # L06000016313

1. Entity Name
M.D. PATH, LLC



Principal Place of Business
**COLUMBIA HOSPITAL
2201 45 ST
WEST PALM BEACH, FL 33407**

Mailing Address
**8475 VIA D'ORO
BOCA RATON, FL 33433**

30002032



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

815 Herndon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Orlando FL

02122007 Chg-LLC CR2E083 (12/06)

Zip

Country

Zip

Country

32803

4. FEI Number

05-0632714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCSPUN, FEDERICO M
8475 VIA D'ORO
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOVAL, MARIANA
8475 VIA D'ORO
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BUCSPUN, FEDERICO M
8475 VIA D'ORO
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

FEDERICO M BUCSPUN

FEDERICO M BUCSPUN

2/16/07 561589931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #