

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059203

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PATHOLOGY LEARNING CENTERS, LLC

**Current Principal Place of Business:**

7000 SW 62ND AVENUE  
SUITE PH-E  
MIAMI, FL 33143 US

**New Principal Place of Business:**

7480 SW 40 ST  
SUITE 700  
MIAMI, FL 33155 US

**Current Mailing Address:**

PO BOX 43-0777  
MIAMI, FL 33243 US

**New Mailing Address:**

**FEI Number:** 20-8341898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAICHEK, LAWRENCE A  
601 BRICKELL KEY DRIVE  
SUITE 505  
MIAMI, FL FL US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: YAZIJI, HADI MD  
Address: 7480 SW 40 ST, SUITE 700  
City-St-Zip: MIAMI, FL 33155 US

Title: MGMR  
Name: SAIZ, ENMA MD  
Address: 7480 SW 40 ST, SUITE 700  
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information indicated on this 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.

SIGNATURE: HADI YAZIJI

MGMR

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date