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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DECKMAN@ECKMAN-danovitz.com

**FLORIDA LIMITED LIABILITY CO.**

**Advanced Digital Anatomic Pathology Technologies, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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10 MAR -2 AM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. HAMPTON**

MAR - 3 2010

**EXAMINER**

10 MAR -2 AM 7:59

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Advanced Digital Anatomic Pathology Technologies, PLLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

911 Ruth Street  
Pittsburgh, PA 15243-1119

**Mailing Address:**

911 Ruth Street  
Pittsburgh, PA 15243-1119

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33324  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

**JAMES M. NEWSOME**  
Special Assistant Secretary

(CONTINUED)

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Drazen M. Jukic

911 Ruth Street

Pittsburgh, PA 15243-1119

(Use attachment if necessary)

**ARTICLE V - Business Purpose:**

Practice of medicine providing pathology services.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative  
of a member.

(In accordance with section 608.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation  
under the penalties of perjury that the facts stated herein are  
true.)

Alexander L. Eckman

\_\_\_\_\_  
Typed or printed name of signer

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