

LID 000073558

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 12 PM 1:38

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T. CLINE

JUL 13 2010

EXAMINER

**SunState Pathology, LLC
9812 Compass Point Way
Tamp, FL 33615**

June 23, 2010

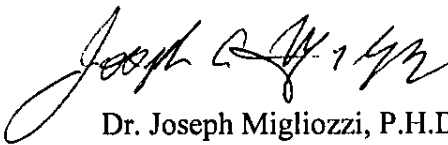
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find the original Articles of Organization of SunState Pathology, LLC together with the prescribed state registration fees.

Please file these articles with your office, and forward the recorded copy of the articles to the mailing address indicated thereon.

Sincerely,



Dr. Joseph Migliozi, P.H.D., M.D.
Managing Member
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION
SunState Pathology, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. **NAME:** The name of the limited liability company is SunState Pathology, LLC.

PURPOSE: The purpose of this member managed limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

2. **ADDRESS OF PRINCIPAL OFFICE:** The street address of the principal office of the limited liability company is:

9812 Compass Point Way, Tampa, Florida, 33615

3. **MAILING ADDRESS:** The mailing address of the limited liability company is:

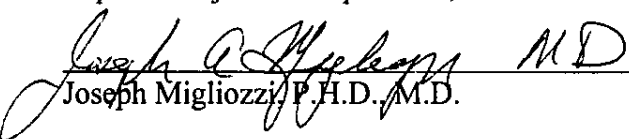
9812 Compass Point Way, Tampa, Florida, 33615

4. **MANAGEMENT:** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

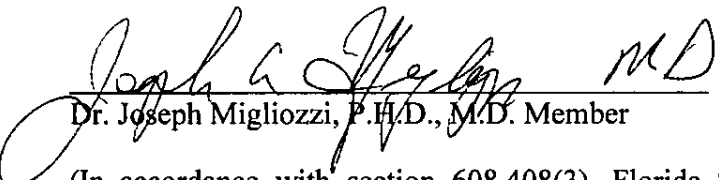
5. **REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:** The name and the Florida street address of the registered agent is:

Joseph Migliozi, P.H.D., M.D.
9812 Compass Point Way
Tampa, Florida, 33615

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.


Joseph Migliozi, P.H.D., M.D.

6. **EFFECTIVE DATE:** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:


Dr. Joseph Migliozi, P.H.D., M.D. Member

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