

L9900002633

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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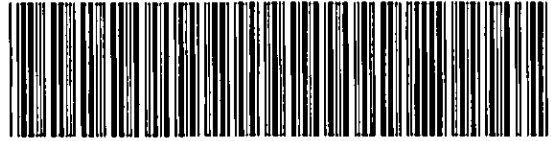
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2018

OLEG OTTEN  
7840 SW 17TH TER  
MIAMI, FL 33155

SUBJECT: BREVARD COMMUNITY PATHOLOGY SERVICES L.L.C.  
Ref. Number: L99000002633

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

L99000002633

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BREVARD COMMUNITY PATHOLOGY SERVICES, LLC**

Name of Limited Liability Company

The enclosed AMENDED AND RESTATED ARTICLES OF ORGANIZATION and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

OLEG OTTEN

Name of Person

OTTEN LEGAL, PLLC

Firm/Company

7840 SW 17TH TER

Address

MIAMI, FL 33155

City/State and Zip Code

OLEG@OTTENLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLEG OTTEN

at (305) 771-0181  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL

AMENDED AND RESTATED

ARTICLES OF ORGANIZATION

OF BREVARD COMMUNITY PATHOLOGY SERVICES, LLC

Pursuant to Sections 605.0201 and 605.0202 of Florida Revised Limited Liability Company Act (the Act), the Articles of Organization of the undersigned limited liability company are hereby amended and restated in their entirety as follows:

ARTICLE I - Name:

The name of the Limited Liability Company is **BREVARD COMMUNITY PATHOLOGY SERVICES, LLC**

ARTICLE II - Address:

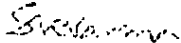
The mailing address and street address of the principal office of the Limited Liability Company is **1555 Saxon Blvd, Suite 502, Deltona, FL 32725**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Sudhir K. Varma  
1555 Saxon Blvd, Suite 502  
Deltona, FL 32725**

*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 605, F.S.*

Registered Agent's Signature: 

**ARTICLE IV - Name and address of each person authorized to manage and control the Limited Liability Company:**

"AMBR" = Authorized Member

**Title:**  
AMBR

**Name and Address:**  
Sudhir K. Varma  
1555 Saxon Blvd. Suite 502  
Deltona, FL 32725

**ARTICLE V - Effective date:**

The effective date of these Articles is the date of their filing. The Company will exist in perpetuity unless it is dissolved earlier pursuant to the provisions of the Act or the Operating Agreement.

**ARTICLE VI – Management of the Company:**

The business of this Company will be member-managed by its Member. The name and address of the Company's Sole Member is as follows:

Sudhir K. Varma  
1555 Saxon Blvd, Suite 502  
Deltona, FL 32725

**ARTICLE VII – Purpose:**

The purpose of the Company is to engage in any lawful act or activity for which companies may be organized under Florida Revised Limited Liability Company Act and the laws of the United States. The Company will have all powers necessary to engage in such acts or activities.

**SIGNATURE OF A MEMBER:** \_\_\_\_\_

*(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

Typed or printed name of signee: **Sudhir K. Varma**