

M120000000875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

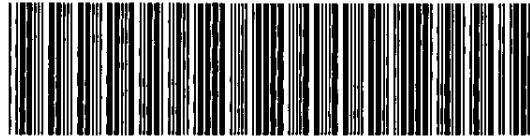
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
12 FEB 14 PM 1:38

FEB 15 2012

T. HAMPTON

5866-21A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Histopathology Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Pam Nieves

Name of Person

Histopathology Services, LLC

Firm/Company

156 Route 59

Address

Suffern, NY 10901

City/State and Zip Code

pnieves@pathlinelabs.com

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

For further information concerning this matter, please call:

Michael Lorenzo

Name of Person

at (845) 369-4200

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JAN 31 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 12, 2012

PAM NIEVES
HISTOPATHOLOGY SERVICES, LLC
156 ROUTE 59
SUFFERN, NY 10901

SUBJECT: HISTOPATHOLOGY SERVICES LLC
Ref. Number: W12000002225

We have received your document for HISTOPATHOLOGY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00000861



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 FEB 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 1, 2012

PAM NIEVES
HISTOPATHOLOGY SERVICES, LLC
156 ROUTE 59
SUFFERN, NY 10901

SUBJECT: HISTOPATHOLOGY SERVICES LLC
Ref. Number: W12000002225

We have received your document for HISTOPATHOLOGY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00003684

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Histo pathology Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York 3. 26-4236145
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02-11-2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. not yet started business
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 156 Route 59
Suffern, NY 10901
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

555 Winderley Place see attached List
Suite 300
Maitland, FL 32751

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Anatomic
Pathology and Diagnostic Service of Specimens

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., 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.)

Matc Kischenbaum
Typed or printed name of signee

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Histopathology Services



156 Route 59, Suite B4
Suffern, NY 10901
Phone: 845-369-4200
Fax: 845-369-4201
Client Services: 877-477-4208

January 31, 2012

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

Regarding Reference #: W12000002225 ; Letter Number: 112A00000861

Dear Ms. Hampton,

In response to your letter dated January 12, 2012, please find included with this letter an original Certificate of Existence from the State of New York Department of State that was provided to us dated January 20th, 2012.


Histopathology Services is a limited liability company that is manger-managed. Below is the information that you requested clarification regarding:


Name	Title	Florida Business Address
Schuyler Newman, M.D.	MGRM	555 Winderley Place, Suite 300, Maitland, FL 32751
Thomas J. Snopek, M.D.	MGRM	555 Winderley Place, Suite 300, Maitland, FL 32751
Marc Kirshenbaum	MGRM	555 Winderley Place, Suite 300, Maitland, FL 32751

The New York business address for Histopathology Services, LLC is: 156 Route 59, Suffern, NY 10901

If you have any further questions or require additional information, please do not hesitate to contact me directly.

Thank you in advance for your time.


Pam Nieves
Quality/Safety/Regulatory Manager
Histopathology Services, LLC
pnieves@pathlinelabs.com


Date

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DIVISION OF CORPORATIONS
12 FEB 14 PM 1:38

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Histopathology Services, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Blair Conroy

(Name)

555 Winderley Place, Suite 300

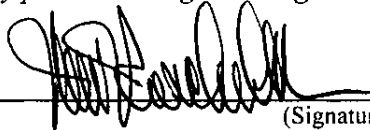
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Maitland

FL 32751

City/State/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, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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State of New York
Department of State } ss:

I hereby certify, that HISTOPATHOLOGY SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/10/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of January two
thousand and twelve.*

First Deputy Secretary of State