

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000038772

**FILED**  
**Jun 18, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PATHOLOGY LABORATORY P.A.

**Current Principal Place of Business:**

11400 OVERSEAS HIGHWAY #209  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

11400 OVERSEAS HIGHWAY #209  
MARATHON, FL 33050

**New Mailing Address:**

**FEI Number:** 42-1596719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LI, ZHIMING MD  
11400 OVERSEAS HIGHWAY #209  
MARATHON, FL 33050 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:** ZHIMING LI MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LI, ZHIMING MD  
**Address:** 11400 OVERSEAS HIGHWAY #209  
**City-St-Zip:** MARATHON, FL 33050

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ZHIMING LI MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

06/18/2012

\_\_\_\_\_  
Date