**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 05, 2020**
**Secretary of State**
**5921473048CC**

DOCUMENT# P09000073360

**Entity Name:** PATHOLOGY MANAGEMENT CORPORATION

**Current Principal Place of Business:**

84 W. JERSEY STREET
1
ORLANDO, FL 32806

**Current Mailing Address:**

84 W. JERSEY STREET
1
ORLANDO, FL 32806 US

**FEI Number: 27-0862373**

**Certificate of Status Desired:** No

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

FRANKLIN, RAYMOND B
84 W. JERSEY STREET
1
ORLANDO, FL 32806 US

*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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P, D |
| Name | FRANKLIN, RAYMOND B MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | D |
| Name | MAGILL, MIKE MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | D |
| Name | SLOMAN, ANDREW J MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | CFO |
| Name | CHEUNG, WANG MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | S, D |
| Name | LI, SHUAN MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | D |
| Name | GONZALEZ, ORLANDO MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HORNSBY, CHRISTOPHER MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LIANG, MEI MD |
| Address | 84 W. JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |

**Continues on page 2**

*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: KATHY BROWN BUSINESS MANAGER 06/05/2020

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | WAGNER, AARON MD |
| Address | 84 W JERSEY STREET, SUITE 1 |
| City-State-Zip: | ORLANDO FL 32806 |