

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000054631

**Entity Name:** PALMETTO PATHOLOGY SERVICES, P.A.

**Current Principal Place of Business:**

2001 WEST 68TH ST.  
DEPARTMENT OF PATHOLOGY  
HIALEAH, FL 33016

**Current Mailing Address:**

2001 WEST 68TH ST.  
DEPARTMENT OF PATHOLOGY  
HIALEAH, FL 33016

**FEI Number:** 65-0426759

**Certificate of Status Desired:** No

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

ABELS, MICHAEL  
2001 WEST 68TH STREET  
HIALEAH, FL 33016 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 DP  
Name LANCET, FREDERICK MD  
Address 2001 W. 68TH ST  
City-State-Zip: HIALEAH FL 33016

Title DST  
Name ABELS, MICHAEL MD  
Address 2001 W 68 ST  
City-State-Zip: HIALEAH FL 33016

Title VP  
Name ISAAC, GUSTAVO MD  
Address 2001 W 68 ST  
City-State-Zip: HIALEAH FL 33016

Title VP  
Name REY, LUIS MD  
Address 2001 W 68 ST  
City-State-Zip: HIALEAH FL 33016

*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:** MICHAEL ABELS

ST

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date