

2016 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

Title VP
Name MARTINEZ, ANTONIO MD
Address 2001 WEST 68TH ST.
DEPARTMENT OF PATHOLOGY
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, M.D.

DST

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date