

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000050985

**Entity Name:** MIAMI CHILDREN'S HOSPITAL PATHOLOGISTS, P.A.

**Current Principal Place of Business:**

3100 S.W. 62ND AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

C/O DONALD COHEN, CPA  
P.O. BOX 812170  
BOCA RATON, FL 33481-2170

**FEI Number:** 65-0596573

**Certificate of Status Desired:** No

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

MELNICK, STEVEN  
3100 S.W. 62ND AVENUE  
MIAMI, FL 33155 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 DR  
Name MELNICK, STEVEN  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

*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:** STEVEN MELNICK

DR

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date