

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011843

**Entity Name:** HEMATOPATHOLOGY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

106 SW 10TH STREET  
SUITE C  
GAINESVILLE, FL 32601

**Current Mailing Address:**

106 SW 10TH STREET  
SUITE C  
GAINESVILLE, FL 32601

**FEI Number:** 45-0480598

**Certificate of Status Desired:** No

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

KRUEGER, SCOTT DAVID  
2750 NW 43RD ST., STE. 201  
GAINESVILLE, FL 32606 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ITURRASPE, JOSE A  
Address 106 SW 10TH STREET SUITE C  
City-State-Zip: GAINESVILLE FL 32601

Title MEMB  
Name ITURRASPE, MARIA EL  
Address 106 SW 10TH STREET SUITE C  
City-State-Zip: GAINESVILLE FL 32601

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE A ITURRASPE

MGRM

02/01/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date