

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102581

**Entity Name:** THE PATHOLOGY GROUP OF NORTHWEST FLORIDA, PLLC

**Current Principal Place of Business:**

4724 NORTH DAVIS HWY 2ND FLOOR  
2ND FLOOR  
PENSACOLA, FL 32503

**Current Mailing Address:**

4724 NORTH DAVIS HWY  
2ND FLOOR  
PENSACOLA, FL 32503

**FEI Number:** 80-0294054

**Certificate of Status Desired:** No

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

DAVIS, NORTH JM.D.  
4724 NORTH DAVIS HWY  
2ND FLOOR  
PENSACOLA, FL 32503 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 P/T  
Name DAVIS, NORTH JMD  
Address 4724 NORTH DAVIS HWY 2ND FLOOR  
City-State-Zip: PENSACOLA FL 32503

Title VP/S  
Name CANDELA, ANDRES MD  
Address 4724 NORTH DAVIS HWY 2ND FLOOR  
City-State-Zip: PENSACOLA FL 32503

*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:** NORTH J. DAVIS, MD

P/T

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date