2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2015
Secretary of State
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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	Title	VP/S
Name	DAVIS, NORTH JMD	Name	CANDELA, ANDRES MD
Address	4724 NORTH DAVIS HWY 2ND FLOOR	Address	4724 NORTH DAVIS HWY 2ND FLOOR
City-State-Zip:	PENSACOLA FL 32503	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 02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date