

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023346

**Entity Name:** ADVANCED DIGITAL ANATOMIC PATHOLOGY  
TECHNOLOGIES, PLLC

**Current Principal Place of Business:**

15837 DAWSON RIDGE DR  
TAMPA, FL 33647

**Current Mailing Address:**

15837 DAWSON RIDGE DR  
TAMPA, FL 33647 US

**FEI Number:** 27-2142553

**Certificate of Status Desired:** Yes

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

DRAZEN JUKIC, MD, PHD  
15837 DAWSON RIDGE DR  
TAMPA, FL 33647 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 JUKIC, DRAZEN M  
Address 15837 DAWSON RIDGE DR  
City-State-Zip: TAMPA PA 33647

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DRAZEN M. JUKIC

**DIRECTOR**

**01/24/2013**

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

\_\_\_\_\_  
Date