2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
5585468388CC

DOCUMENT# L11000029605

Entity Name: TREASURE COAST PATHOLOGY LAB, LLC

Current Principal Place of Business:

275 18TH STREET, SUITE 101
VERO BEACH, FL 32960

Current Mailing Address:

275 18TH STREET, SUITE 101
VERO BEACH, FL 32960 US

FEI Number: 45-1486987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, PRAMOD
275 18TH STREET, SUITE 101
VERO BEACH, FL 32960 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: PRAMOD JOSEPH 04/30/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	JOSEPH, PRAMOD MD
Address	12350 NW 39TH STREET SUITE 200
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AUTHORIZED MEMBER
Name	ALLEN, LICHT
Address	12350 NW 39TH STREET SUITE 200
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AUTHORIZED MEMBER
Name	SOUTH FLORIDA MEDICAL ASSOCIATES LLC
Address	12350 NW 39TH STREET SUITE 200
City-State-Zip:	CORAL SPRINGS FL 33065

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: PRAMOD JOSEPH, MD OWNER 04/30/2025

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