

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000033486

Entity Name: MID-FLORIDA PATHOLOGY LLC

Current Principal Place of Business:

120 EAST NORTH BLVD
SUITE 102
LEESBURG, FL 34748

Current Mailing Address:

PO BOX 490940
LEESBURG, FL 34749

FEI Number: 45-4758296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ONUSHKO, OLEKSANDR PH.D
120 EAST NORTH BLVD
SUITE 102
LEESBURG, FL 34748 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: OLEKSANDR ONUSHKO

11/13/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ALLEN, JAMES K MD
Address 9404 LIBBY NUMBER 3 RD
City-State-Zip: CLERMONT FL 34715

Title MANAGER
Name ONUSHKO, OLEKSANDR PH.D.
Address 120 EAST NORTH BLVD
 SUITE 102
City-State-Zip: LEESBURG FL 34748

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: OLEKSANDR ONUSHKO

MANAGER

11/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date