

**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:** Yes

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

TODOROVIC, OLGA  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALLEN, JAMES KMD  
Address 9404 LIBBY NUMBER 3 RD  
City-State-Zip: CLERMONT FL 34715

Title MGRM  
Name TODOROVIC, OLGA  
Address 2020 ISOLA BELLA BLVD  
City-State-Zip: MT. DORA FL 32757

*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:** TODOROVIC, OLGA

MGRM

09/12/2013

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

\_\_\_\_\_  
Date