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: OLGA TODOROVIC

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

04/30/2013

Date

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ALLEN, JAMES KMD	Name	TODOROVIC, OLGA
Address	9404 LIBBY NUMBER 3 RD	Address	2020 ISOLA BELLA BLVD
City-State-Zip:	CLERMONT FL 34715	City-State-Zip:	MT. DORA FL 32757

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000033486

Entity Name: MID-FLORIDA PATHOLOGY LLC

Current Principal Place of Business:

120 EAST NORTH BLVD SUITE 102 LEESBURG, FL 34748

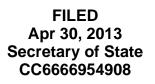
Current Mailing Address:

PO BOX 490940 LEESBURG, FL 34749

FEI Number: 45-4758296

Name and Address of Current Registered Agent:

TODOROVIC, OLGA 120 EAST NORTH BLVD



Certificate of Status Desired: Yes

Date