

**2016 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

**Certificate of Status Desired:** Yes

**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

01/19/2016

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

**SIGNATURE:** OLEKSANDR ONUSHKO

PRESIDENT

01/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date