

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187466

**Entity Name:** PATHOLOGY ASSOCIATES OF CENTRAL FLORIDA, PLLC

**Current Principal Place of Business:**

4355 NW AMERICAN LANE  
LAKE CITY, FL 32055

**Current Mailing Address:**

4355 NW AMERICAN LANE  
LAKE CITY, FL 32055 US

**FEI Number:** 59-3445857

**Certificate of Status Desired:** No

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

THANAWALA, RIZWANA MD  
4355 NW AMERICAN LANE  
LAKE CITY, FL 32055 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 AMBR  
Name THANAWALA, RIZWANA MD  
Address 4355 NW AMERICAN LANE  
City-State-Zip: LAKE CITY FL 32055

Title AMBR  
Name DUTERTE, MITCHELL MD  
Address 4355 NW AMERICAN LANE  
City-State-Zip: LAKE CITY FL 32055

*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:** RIZWANA THANAWALA

**MANAGER**

**03/20/2017**

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

\_\_\_\_\_  
Date