

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000230191

**Entity Name:** PATHOLOGY CONSULTANTS OF SOUTH BROWARD, LLC

**Current Principal Place of Business:**

3501 JOHNSON STREET ROOM 2-281  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3501 JOHNSON STREET ROOM 2-281  
HOLLYWOOD, FL 33021 US

**FEI Number:** 38-3662363

**Certificate of Status Desired:** Yes

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

DUNSFORD, TINA ESQ  
LDL LAW PLLC  
600 E MADISON STREET  
TAMPA, FL 33602 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 CEO  
Name MALEK, PAUL ALLEN  
Address 3501 JOHNSON STREET ROOM 2-281  
City-State-Zip: HOLLYWOOD FL 33021

*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:** PAUL ALLEN MALEK, MD

CEO

01/14/2019

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

\_\_\_\_\_  
Date