

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000199375

Entity Name: BAYSIDE PATHOLOGY ASSOCIATE, LLC

Current Principal Place of Business:

5610 W LA SALLE ST
TAMPA, FL 33607

Current Mailing Address:

5610 W LA SALLE ST
TAMPA, FL 33607

FEI Number: 84-3436857

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORSINI, ANTHONY A DR.
5610 W LA SALLE ST
TAMPA, FL 33607 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 MGR
Name CORSINI, ANTHONY A DR.
Address 5610 W LA SALLE ST, TAMPA, FL
33607
City-State-Zip: TAMPA FL 33607

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: ANTHONY CORSINI

PATHOLOGIST

01/24/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date