

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 30563A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY

TISSUE PATHOLOGY

AMERIPATH SOUTH FLORIDA INC
CARLOS NOUSARI
895 S W 30TH AVENUE SUITE 101
POMPANO BEACH, FL 33069

Owner:

AMERIPATH INC

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.