Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2040415	02/23/2018
Name of Provider or Supplier	**Street Address, City, State**	
Mid-Florida Pathology Llc Mobile Unit # 1	120 E North Blvd Ste 102, Leesburg, FL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies**
No Tags	No deficiency details available.