


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 464273
1. Entity Name
COMPREHENSIVE PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business 8900 S.W. 88TH ST. MIAMI, FL 33176	Mailing Address C/O COHEN CPA P.O. BOX 812170 BOCA RATON, FL 33481-2170
------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1559063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOULD, EDWIN W
8900 SW 88TH ST
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, EDWIN 8900 SW 88TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTAGENA, JR. N 8900 SW 88TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, DANIEL 8900 SW 88 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOERSS, RONALD 8900 SW 88 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD OTRAKJI, CHRISTIAN 8900 SW 88 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RENSHAW, ANDREW 8900 SW 88 ST MIAMI, FL

U001001488882
04/17/06-80024-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/31/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #