

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464273

FILED
Feb 22, 2011
Secretary of State

Entity Name: COMPREHENSIVE PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8900 S.W. 88TH ST.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O DONALD T. COHEN CPA
P.O. BOX 812170
BOCA RATON, FL 334812170

New Mailing Address:

FEI Number: 59-1559063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOULD, EDWIN W
8900 SW 88TH ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GOULD, EDWIN
Address: 8900 SW 88TH ST
City-St-Zip: MIAMI, FL 33176

Title: TD
Name: CARTAGENA, JR. N
Address: 8900 SW 88TH ST
City-St-Zip: MIAMI, FL 33176

Title: SD
Name: RUBIN, DANIEL
Address: 8900 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: ASD
Name: RENSHAW, ANDREW
Address: 8900 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: ASD
Name: REALE, DOUGLAS O
Address: 8900 SW 88 ST
City-St-Zip: MIAMI, FL 33176

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN W. GOULD

PD

02/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date