

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49429

FILED
Jan 22, 2004
Secretary of State

Entity Name: LAKELAND PATHOLOGISTS, P.A.

Current Principal Place of Business:

1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-2919114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAVIS, WILTON M JR ME
1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

RAMSEY, ROBERT K MD
1635 LAKELAND HILLS BLVD
LAKELAND, FL 33805 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: ROBERT K. RAMSEY, MD

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DUQUE, MD R
Address: 1451 HOLLINGSWORTH OAKD DR
City-St-Zip: LAKELAND, FL 33803

Title: S () Delete
Name: YOUNGS, LUTHER A. II, I
Address: 2420 NEWPORT
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: HOLIMON, JAMES L.,
Address: 819 BROOKWOOD DR
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: DRAKE, FRANCIS D.,
Address: 1108 HUNT AVE
City-St-Zip: LAKELAND, FL

Title: VP/T () Delete
Name: RAMSEY, ROBERT K.,
Address: 2304 WOODLEY AVE
City-St-Zip: LAKELAND, FL

Title: P () Delete
Name: REAVIS, WILTON M. JR.,
Address: 4301 CLEVELAND HGTS BLVD
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT K. RAMSEY, MD

PRES

01/22/2004

Electronic Signature of Signing Officer or Director

Date

CRAIG D. LARISCY, MD VICE PRESIDENT
2313 BUCKINGHAM AVE. □
LAKELAND, FL 33803