2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# K49429

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 (X)**

Name and Address of Current Registered Agent:

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

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:	S	(X) Change ( ) Addition
Name:	LARISCY, CRAIG D.,	
Address:	1250 EASTON DR	
City-St-Zip:	LAKELAND, FL 33803	
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:	V	(X) Change ( ) Addition
Name:	REAVIS, WILTON M. JR, .	
Address:	4301 CLEVELAND HGTS BLVD	
City-St-Zip:	LAKELAND, FL	

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 RAMSEY, MD P 06/28/2005

Electronic Signature of Signing Officer or Director — Date