

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49429

FILED
Jan 10, 2006
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 (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: LARISCY, CRAIG D.,
Address: 1250 EASTON DR
City-St-Zip: LAKELAND, FL 33803

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: V () 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/T (X) Change () Addition
Name: LARISCY, CRAIG D.,
Address: 1250 EASTON DR
City-St-Zip: LAKELAND, FL 33803

Title: V (X) Change () Addition
Name: GARCIA, EDWARD J.,
Address: 983 HANOVER WAY
City-St-Zip: LAKELAND, FL

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

Title: P (X) Change () Addition
Name: RAMSEY, ROBERT K.,
Address: 2304 WOODLEY AVE
City-St-Zip: LAKELAND, FL

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 Chapter 119, 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

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date