

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49429

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAKELAND PATHOLOGISTS, P.A.

Current Principal Place of Business:

1125 BARTOW RD
STE 101
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1125 BARTOW RD
STE 101
LAKELAND, FL 33801 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:

LARISCY, CRAIG D MD
1125 BARTOW RD
STE 101
LAKELAND, FL 33801 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: P () Delete
Name: LARISCY, CRAIG D.,
Address: 1250 EASTON DR
City-St-Zip: LAKELAND, FL 33803

Title: S/T () Delete
Name: GARCIA, EDWARD J.,
Address: 983 HANOVER WAY
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: BOYNTON, EVANDER A.,
Address: 408 W BELVEDERE ST
City-St-Zip: LAKELAND, FL

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

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Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

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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 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: CRAIG D. LARISCY, MD

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date