


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000055160**  
 1. Entity Name  
 BRADENTON PATHOLOGY, P.A.



Principal Place of Business 2020 59TH STREET WEST BRADENTON, FL 34209	Mailing Address P.O. BOX 15079 BRADENTON, FL 34280-5079
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0681855	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA  
 1819 MAIN STREET  
 SUITE 610  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENTENEY, GARY E P.O. BOX 15079 BRADENTON, FL 342805079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUMANS, GARY R P.O. BOX 15709 BRADENTON, FL 342805079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYER, ZOLTAN PO BOX 15079 BRADENTON, FL 342805079
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U00000379393  
 01/10/06-80016-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Sentenev **GARY E SENTENEY** 1-5-06 941 798-6176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #