

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000135309

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** PANTALEON PATHOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

1100 PLANTATION ISLAND DR S  
220  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 47-0903716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PANTALEON, YANET  
1200 PLANTATION ISLAND DR  
SUITE 220  
SAINT AUGUSTINE, FL 32080 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:** MGMR  
**Name:** PANTALEON, YANET  
**Address:** 1100 PLANTATION ISLAND DR S., STE 220  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

**SIGNATURE:** YANET PANTALEON

MGMR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date