2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 456997

1. Entity Name
BAY PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY, FL 32406	760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY, FL 32406

02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1548765
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAN, STEPHEN L.
760 AIRPORT DR.
PANAMA CITY, FL 32405

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000062091
02/27/04-80028-009 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MCCLELLAN, STEPHEN L
STREET ADDRESS	760 AIRPORT DR
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	STD
NAME	OLSEN CHRIS L
STREET ADDRESS	760 AIRPORT DR
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VAST
NAME	DEANA, DANIEL G
STREET ADDRESS	760 AIRPORT DR.
CITY-ST-ZIP	PANAMA CITY, FL 32406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 2/25/04 850-763-0260