

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

03-30-2005 90026 016 ***150.00

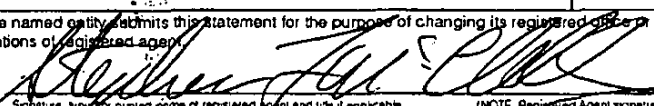
DOCUMENT # 456997	
1. Entity Name BAY PATHOLOGY ASSOCIATES, P.A.	

Principal Place of Business 760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY FL 32406	Mailing Address 760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY FL 32406
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2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

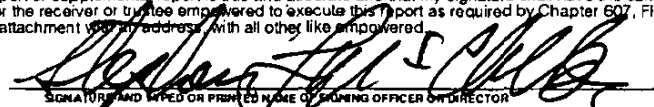


1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MCCLELLAN, STEPHEN L. 760 AIRPORT DR. PANAMA CITY FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 3-25-05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE MCCLELLAN, STEPHEN L	☐ Change ☐ Addition
NAME MCCLELLAN, STEPHEN L		NAME	
STREET ADDRESS 760 AIRPORT DR.		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		CITY-ST-ZIP	
TITLE STD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME OLSEN CHRIS L		NAME	
STREET ADDRESS 760 AIRPORT DR		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		CITY-ST-ZIP	
TITLE VAST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DEANA, DANIEL G		NAME	
STREET ADDRESS 760 AIRPORT DR.		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32405		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE 4-25-05