

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464273

FILED
Mar 27, 2009
Secretary of State

Entity Name: COMPREHENSIVE PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8900 S.W. 88TH ST.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O COHEN CPA
P.O. BOX 812170
BOCA RATON, FL 334812170

New Mailing Address:

FEI Number: 59-1559063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, EDWIN W
8900 SW 88TH ST
MIAMI, FL 33176 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: PD () Delete
Name: GOULD, EDWIN
Address: 8900 SW 88TH ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: CARTAGENA, JR. N
Address: 8900 SW 88TH ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: RUBIN, DANIEL
Address: 8900 SW 88 ST
City-St-Zip: MIAMI, FL

Title: ASD () Delete
Name: RENSHAW, ANDREW
Address: 8900 SW 88 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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: EDWIN W. GOULD

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date