

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 600098

FILED
Jul 25, 2006
Secretary of State**Entity Name:** THE PATHOLOGY GROUP, P.A.**Current Principal Place of Business:**1717 NORTH
SUITE #227
PENSACOLA, FL 32501**New Principal Place of Business:**1717 NORTH E STREET
SUITE #227
PENSACOLA, FL 32501**Current Mailing Address:**1717 NORTH
SUITE #227
PENSACOLA, FL 32501**New Mailing Address:**1717 NORTH E STREET
SUITE #227
PENSACOLA, FL 32501**FEI Number:** 59-0954831**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MORELAND, WENDY S
1717 N E STREET
PENSACOLA, FL 32501 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

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: HYLAND, CARYL H
Address: 1717 N.
City-St-Zip: PENSACOLA, FL**Title:** V () Delete
Name: POLLOCK, W. JAMES,
Address: 1717 N
City-St-Zip: PENSACOLA, FL**Title:** S () Delete
Name: BURNS, CHARLES E
Address: 1717 N.
City-St-Zip: PENSACOLA, FL 32501**Title:** AS () Delete
Name: CANDELA, ANDRES
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501**Title:** AS (X) Delete
Name: MORELAND, WENDY S
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PT (X) Change () Addition
Name: MORELAND, WENDY S
Address: 1717 NORTH E STREET SUITE 227
City-St-Zip: PENSACOLA, FL 32501**Title:** V (X) Change () Addition
Name: POLLOCK, WM JAMES
Address: 1717 NORTH E STREET SUITE 227
City-St-Zip: PENSACOLA, FL 32501**Title:** S (X) Change () Addition
Name: BURNS, CHARLES E
Address: 1717 NORTH E STREET SUITE 227
City-St-Zip: PENSACOLA, FL 32501**Title:** AS (X) Change () Addition
Name: CANDELA, ANDRES
Address: 1717 NORTH E STREET SUITE 227
City-St-Zip: PENSACOLA, FL 32501**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY S. MORELAND

PT

07/25/2006

Electronic Signature of Signing Officer or Director

Date