

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600098

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: THE PATHOLOGY GROUP, P.A.

## Current Principal Place of Business:

1717 NORTH E STREET  
SUITE #227  
PENSACOLA, FL 32501

## New Principal Place of Business:

## Current Mailing Address:

1717 NORTH E STREET  
SUITE #227  
PENSACOLA, FL 32501

## New Mailing Address:

FEI Number: 59-0954831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MORELAND, WENDY S  
Address: 1717 NORTH E STREET SUITE 227  
City-St-Zip: PENSACOLA, FL 32501

Title: V ( ) Delete  
Name: BURNS, CHARLES  
Address: 1717 NORTH E STREET SUITE 227  
City-St-Zip: PENSACOLA, FL 32501

Title: S ( ) Delete  
Name: CANDELA, ANDRES  
Address: 1717 NORTH E STREET SUITE 227  
City-St-Zip: PENSACOLA, FL 32501

Title: AS ( ) Delete  
Name: DAVIS, NORTH J  
Address: 1717 NORTH E STREET SUITE 227  
City-St-Zip: PENSACOLA, FL 32501

## 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: WENDY S MORELAND

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date