

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600098

FILED
Jan 29, 2010
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:

4724 NORTH DAVIS HWY
2ND FLOOR
PENSACOLA, FL 32503

Current Mailing Address:

1717 NORTH E STREET
SUITE #227
PENSACOLA, FL 32501

New Mailing Address:

4724 NORTH DAVIS HWY
2ND FLOOR
PENSACOLA, FL 32503

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:

MORELAND, WENDY S
4724 NORTH DAVIS HWY
2ND FLOOR
PENSACOLA, FL 32503 US

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:

01/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT
Name: MORELAND, WENDY S
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: V
Name: BURNS, CHARLES
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: S
Name: CANDELA, ANDRES
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

Title: AS
Name: DAVIS, NORTH J
Address: 4724 NORTH DAVIS HWY 2ND FLOOR
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: WENDY S. MORELAND

PRES

01/29/2010

Electronic Signature of Signing Officer or Director

Date