

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600751

FILED
Mar 01, 2011
Secretary of State

Entity Name: PALM BEACH PATHOLOGY, P.A.

Current Principal Place of Business:

2013 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4117
WEST PALM BEACH, FL 334024117

New Mailing Address:

FEI Number: 59-1231653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHLEY, NORMA J
2013 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407 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: CD
Name: SARA, ALAN MD
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: PD
Name: ABIS, DAVID MD
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SD
Name: BOLTON, THOMAS A MD
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TD
Name: ZHANG, TAO MD
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: DAVID ABIS

M.D.

03/01/2011

Electronic Signature of Signing Officer or Director

Date