2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 601033

1. Entity Name
ASSOCIATED PATHOLOGISTS, P.A.

FILED
06 JUL 18 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607 US	3001W DR M. L.KING JR BLVD TAMPA, FL 33607 US

06212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1263616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LADEN, S A
3001 W DR M. L. KING JR BLVD
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARROYO, JORGE 3001 W DR M. L.KING JR BLVD TAMPA, FL 33607	☑ Delete	PD DALENCE, CARLOS R. 3001 W DR M.L. KING JR BLVD TAMPS, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LADEN, S A 3001 W DR M. L. KING JR BLVD TAMPA, FL 33607	☐ Delete	VPD JEFFREY, P. BRIAN 3001 W DR M.L. KING JR. BLVD TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, FRANK M. 3001W DR M. L. KING JR BLVD TAMPA, FL	☐ Delete	VPD ARROYO, JORGE G. 3001 W DR M.L. KING JR BLVD TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VPD FRIEDMAN, MICHAEL I. 3001 W DR M.L. KING JR BLVD TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VPD RUFFOLO, EUGENE F. 3001 W DR M.L. KING JR. BLVD. TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 400078232284 09/01/06--01050--005 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos R. Dalence, M.D. 06/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #