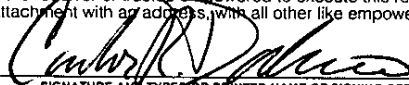


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 601033 1. Entity Name ASSOCIATED PATHOLOGISTS, P.A.						FILED 06 JUL 18 PM 12:33 TALLAHASSEE, FLORIDA	
Principal Place of Business 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607 US				Mailing Address 3001W DR M. L.KING JR BLVD TAMPA, FL 33607 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State 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 _____ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400078232284 08/01/06--01050--005 **\$1.25	☐ Change ☒ Addition		
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 #			