

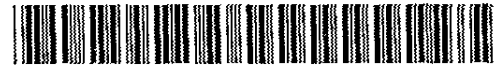
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 601033 1. Entity Name ASSOCIATED PATHOLOGISTS, P.A.	
--	---

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
---	---

DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALENCE, CARLOS R 3001 W DR M. L.KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADEN, S A 3001 W DR M. L. KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, FRANK M 3001W DR M. L. KING JR BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFREY, P. BRIAN 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARROYO, JORGE G 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, MICHAEL I 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607

000000768204
07/11/07-80006-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
---	--	------	-----------------