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

07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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)

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

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07/11/07-80006-004 150.00

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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: Frank M Taylor III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #