

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 19 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 Chg-P CR2E034 (12/06)

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
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALENCE, CARLOS R			NAME	Dalence, Carlos R.		
STREET ADDRESS	3001 W DR M. L.KING JR BLVD			STREET ADDRESS	3001 W. Dr. M.L. King Jr Blvd		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	Tampa, FL 33607		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LADEN, S A			NAME	Friedman, Michael I		
STREET ADDRESS	3001 W DR M. L. KING JR BLVD			STREET ADDRESS	3001 W Dr. M.L. King Jr. Blvd		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	Tampa, FL 33607		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, FRANK M			NAME	Ruffolo, Eugene F		
STREET ADDRESS	3001W DR M. L. KING JR BLVD			STREET ADDRESS	3001 W. Dr. M.L. King Jr. Blvd		
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JEFFREY, P. BRIAN			NAME	Baschinsky, Dmitry		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING BOULEVARD			STREET ADDRESS	3001 W. Dr. M.L. King Jr. Blvd		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	Tampa, FL 33607		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARROYO, JORGE G			NAME			
STREET ADDRESS	3001 W DR MARTIN LUTHER KING BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, MICHAEL I			NAME			
STREET ADDRESS	3001 W DR MARTIN LUTHER KING BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			

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 09-13-07 8137571270

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