

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)

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|---|--|--|--|---|--|
| 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 3001 W DR M. L. KING JR BLVD TAMPA, FL 33607 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1263616 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD DALENCE, CARLOS R 3001 W DR M. L. KING JR BLVD TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Dalenca, Carlos R. 3001 W. Dr. M.L. King Jr Blvd Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LADEN, S A 3001 W DR M. L. KING JR BLVD TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Friedman, Michael I 3001 W Dr. M.L. King Jr. Blvd Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TAYLOR, FRANK M 3001 W DR M. L. KING JR BLVD TAMPA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Ruffolo, Eugene F 3001 W. Dr. M.L. King Jr. Blvd Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JEFFREY, P. BRIAN 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Baschinsky, Dmitry 3001 W. Dr. M.L. King Jr. Blvd Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ARROYO, JORGE G 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400109871844 09/25/07--01007--009 **61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FRIEDMAN, MICHAEL I 3001 W DR MARTIN LUTHER KING BOULEVARD TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Frank M Taylor 09-13-07 8137571270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone