

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601767

FILED
Mar 21, 2007
Secretary of State

Entity Name: CLEARWATER PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER, FL 34616

New Principal Place of Business:

323 JEFFORDS ST.
CLEARWATER, FL 34616

Current Mailing Address:

323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER, FL 34616

New Mailing Address:

323 JEFFORDS ST.
CLEARWATER, FL 34616

FEI Number: 59-1289552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIMAN, BEN B.
MORTON PLANT HOSPITAL
323 JEFFORDS STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SCHAEFER, GEORGE D.
MORTON PLANT HOSPITAL
323 JEFFORDS STREET
CLEARWATER, FL 33756 US

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.

SIGNATURE: GEORGE D. SCHAEFER

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAEFER, GEORGE D
Address: 323 JEFFORDS ST
City-St-Zip: CLEARWATER, FL

Title: VP (X) Delete
Name: HARRIMAN, BEN B
Address: 323 JEFFORDS ST
City-St-Zip: CLEARWATER, FL

Title: S/T () Delete
Name: SCHROER, KENNETH R
Address: 323 JEFFORDS ST
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE D. SCHAEFER

P

03/21/2007

Electronic Signature of Signing Officer or Director

Date