ANNUAL REPORT

2005 FOR PROFIT CORPORATION

04-08-2005 90063 037 ***150.00 **DOCUMENT #601919** JACKSONVILLE PATHOLOGY CONSULTANTS, P.A. 40050999 Principal Place of Business Mailing Address 800 PRUDENTIAL DRIVE 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1283625 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, ROBERT K ESQ Street Address (P.O. Box Number is Not Acceptable) 1515 RIVERSIDE AVENUE, STE A JACKSONVILLE, FL 32204 City Zip Code FI 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 SIGNATURE Signature, typed or printed name of registered agent and trille if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TIFLE ☐ Change ☐ Addition TITI F Delete NAME HOLLAND, FRED C. NAME 800 PRUDENTIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP Delete VD TITLE TITLE ☐ Change ■ Addition CASTRO, SALVADOR NAME NAME STREET ADDRESS 800 PRUDENTIAL DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP VD ☐ Delete TITLE TITLE Change Addition NAME GÖLDSTEIN, JEFFREY D 800 PRUDENTIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition O'LAUGHLIN SABINE NAME . NAME 800 PRUDENTIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SANDLER, E. DAYAN NAME 800 PRUDENTIAL DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE VD

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _____

NAME

STREET ADDRESS

CITY-ST-ZIP

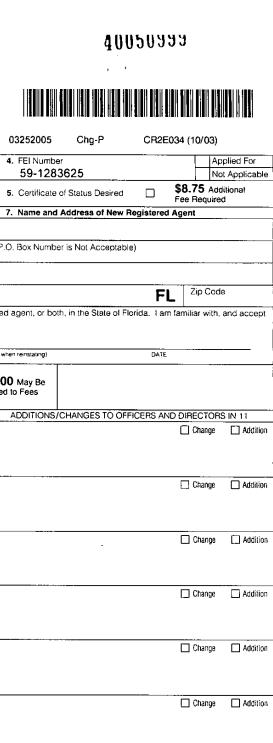
DUNDORE, PAUL A

800 PRUDENTIAL DRIVE

JACKSONVILLE, FL 322077

ND TYPED ON PRINTIPO HIME SIGNING OFFICER OR DIRECTOR

FILED Apr 08, 2005 8:00 am Secretary of State



Date

Daytime Phone #