2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601919

FILED Apr 22, 2008 Secretary of State

Entity Name: JACKSONVILLE PATHOLOGY CONSULTANTS, P.A.

Current Pr	incipal Place	of Business:	New Principal Place of Business:			
	ENTIAL DRIVE VILLE, FL 3220					
Current Ma	ailing Address	s:	New Mailing Addres	ss:		
	ENTIAL DRIVE VILLE, FL 3220					
FEI Number:	59-1283625	FEI Number Applied For () FEI I	Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:		
13500 SUT	NGER LAW FIF TON PARK DF VILLE, FL 3222	RIVE SOUTH, SUITE 201				
The above in the State	named entity s of Florida.	ubmits this statement for the purpos	e of changing its registere	ed office or registered agent, or both,		
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD () GOLDSTEIN, JE 800 PRUDENTIA JACKSONVILLE	AL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STD () O'LAUGHLIN, SA 800 PRUDENTIA JACKSONVILLE	AL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD () SANDLER, E. DA 800 PRUDENTIA JACKSONVILLE	AL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () DUNDORE, PAU 800 PRUDENTIA JACKSONVILLE	AL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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: E. DAYAN SANDLER	PD	04/22/2008
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