2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# 603527

Entity Name: CENTRAL FLORIDA PATHOLOGY GROUP, P.A.

Current Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778

New Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778 US

Current Mailing Address:

P.O. BOX 1345
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-1402859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIKOLAIDIS, E. T
1795 WHIPPOORWILL LN
DELAND, FL 32720 US

Name and Address of New Registered Agent:

NIKOLAIDIS, E. T
1310 WATERMAN WAY
TAVARES, FL 32778 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: _____ 01/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NIKOLADIS, E.T.
Address: 1795 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720

Title: VD ( ) Delete
Name: KECHRIOTIS, CHRIS
Address: 2001 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: SD ( ) Delete
Name: BETHEA, MARCUS
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

Title: SD ( ) Delete
Name: ZEAGLER, DEBORAH L
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NIKOLADIS, E.T.
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

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

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

Title: AS (X) Change ( ) Addition
Name: ZEAGLER, DEBORAH L
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

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. T. NIKOLAIDIS P 01/16/2008
Electronic Signature of Signing Officer or Director — Date