2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# 603527

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

Current Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778 US

New Principal Place of Business:

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
1310 WATERMAN WAY
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VD
Name: KECHRIOTIS, CHRIS
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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

Title: ASD
Name: ZEAGLER, DEBORAH L
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

I hereby 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 all other like empowered.

SIGNATURE: E T NIKOLAIDIS PTD 01/10/2011

Electronic Signature of Signing Officer or Director Date