

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603527

FILED
Apr 10, 2012
Secretary of State

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:

NIKOLAIDIS, E. T
2755 S BAY STREET
STE C
EUSTIS, FL 32726 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:

04/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KECHRIOTIS, CHRIS
Address: 2755 S BAY ST, STE C
City-St-Zip: EUSTIS, FL 32726 US

Title: VD
Name: BETHEA, MARCUS C
Address: 2755 S BAY ST, STE C
City-St-Zip: EUSTIS, FL 32726

Title: STD
Name: ZEAGLER, DEBORAH L
Address: 2755 S BAY ST, STE C
City-St-Zip: EUSTIS, FL 32726 US

Title: AS
Name: NIKOLAIDIS, E. T
Address: 2755 S BAY ST, STE C
City-St-Zip: EUSTIS, FL 32726 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: CHRIS KECHRIOTIS, MD

PD

04/10/2012

Electronic Signature of Signing Officer or Director

Date