

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 655996

1. Entity Name
CYTOLOGY ASSOCIATES, INC.



Principal Place of Business
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

Mailing Address
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

FILED
05 APR 25 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1981118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOUTAMIRE, BARBARA L
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOUTAMIRE, BARBARA L 2540 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308
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05/06/05--01008--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: B. Stout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 942-2255
Date Daytime Phone #

T. Roberts APR 26 2005