


2006 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	

[Handwritten Signature]

FILED
06 APR 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132006 No Chg-P CR2E034 (11/05)

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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

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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 <i>[Handwritten Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/13/06</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Handwritten Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/13/06</u> <small>Daytime Phone #</small>