2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# 688847

Entity Name: GYN CYTOLOGY & PATHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

4005 NO. FED. HWY
SUITE 208
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4005 NORTH FEDERAL HIGHWAY, SUITE 208
P.O. BOX 8899
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-2032189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, LOUIS P
2267 N W 33ND AVE
FT LAUDERDALE, FL 33311 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: KLINGES, KARL G,
Address: 14 FOREST AVE
City-St-Zip: TENAFLY, NJ

Title: DT ( ) Delete
Name: LAZAR, ALLAN,
Address: 740 CARROLL PLACE
City-St-Zip: TEANECK, NJ

Title: DP ( ) Delete
Name: ROBERTS, LOUIS,
Address: 2267 N W 33ND AVE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LOUIS ROBERTS DP 04/24/2008

Electronic Signature of Signing Officer or Director — Date