2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 696124

FILED Dec 20, 2007 Secretary of State

Entity Name: SMITH WINQUIST AND ASSOCIATES, M.D.,	P.A.
Current Principal Place of Business:	New Principal Place of Business:
5542 HIGH STREET NEW PORT RICHEY, FL 34652 US	
Current Mailing Address:	New Mailing Address:
GULF COAST PATHOLOGISTS 5542 HIGH ST, SUITE C NEW PORT RICHEY, FL 34652 US	
FEI Number: 59-2114442 FEI Number Applied For () FEI	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DEJESUS, MARITESS 5542 HIGH ST STE C NEWPORT RICHEY, FL 34652 US	
The above named entity submits this statement for the purpos in the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: PRES (X) Change () Addition PST () Delete DEJESUS, MARITESS DEJESUS, MARITESS Name: Name:

P.O. BOX 632 Address: 5542 HIGH ST Address:

City-St-Zip: ODESSA, FL 335560632 US City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete Title: VICE () Change (X) Addition SMITH, WEBER Name:

Name: Address: Address: 5542 HIGH ST

NEW PORT RICHEY, FL 34652 US City-St-Zip: 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: MARITESS DEJESUS **PRES** 12/20/2007