2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000407

Entity Name: AMERIPATH MORTGAGE CORPORATION

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 220 TECHNOLOGY 6400 OAK CANYON IRVINE, CA 92618 SUITE 150 IRVINE, CA 92618 **Current Mailing Address: New Mailing Address:** 6400 OAK CANYON 220 TECHNOLOGY IRVINE, CA 92618 SUITE 150 IRVINE, CA 92618 FEI Number: 82-0576677 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: NRAI SERVICES, INC 526 E. PARK AVENUE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition AKERS, PAUL Name: Name: AKERS, PAUL 220 TECHNOLOGY 6400 OAK CANYON, SUITE 150 Address: Address: City-St-Zip: **IRVINE, CA 92618** City-St-Zip: IRVINE, CA 92618 Title: DV Title: DV (X) Change () Addition () Delete

Name: REDDING, KIRK Name: REDDING, KIRK 220 TECHNOLOGY 6400 OAK CANYON, SUITE 150 Address: Address: IRVINE, CA 92618 IRVINE, CA 92618 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

MONTOYA, JO BETH Name: MONTOYA, JO BETH Name: 220 TECHNOLOGY 6400 OAK CANYON, SUITE 150 Address: Address:

City-St-Zip: **IRVINE, CA 92618** City-St-Zip: **IRVINE, CA 92618**

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

VΡ SIGNATURE: JO BETH MONTOYA 01/17/2005