2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# F10000001039

Entity Name: LABORATORY FOR KIDNEY PATHOLOGY, INC.

Current Principal Place of Business:

1916 PATTERSON STREET
NASHVILLE, TN 37203

New Principal Place of Business:

1916 PATTERSON STREET
STE 501
NASHVILLE, TN 37203

Current Mailing Address:

1916 PATTERSON STREET
NASHVILLE, TN 37203

New Mailing Address:

1916 PATTERSON STREET
STE 501
NASHVILLE, TN 37203

FEI Number: 30-0403291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 87TH COURT NORTH
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: C
Name: HOM, ROBERT G M.D.
Address: 3530 JOHN ALLEN ROAD
City-St-Zip: CORHVILLE, TN 37203

Title: D
Name: MAURICIO, LILIA D M.D.
Address: 533 ARMISTEAD PLACE
City-St-Zip: NASHVILLE, TN 37215

Title: D
Name: WANG, YIHAN M.D.
Address: 385 SHADOW CREEK DRIVE
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: HOLMES, SARAH
Address: 1622 ORDWAY PLACE
City-St-Zip: NASHVILLE, TN 37206

Title: S
Name: CHAVEZ, CYNTHIA
Address: 1627 WILSON PIKE
City-St-Zip: BRENTWOOD, TN 37027

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA CHAVEZ S 04/01/2011

Electronic Signature of Signing Officer or Director Date