

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90057 026 ***150.00

DOCUMENT # K34676

1. Entry Name
 DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC.



Principal Place of Business
 C/O THOMAS C. WALSER
 7015 BERACASA WAY, SUITE 201
 BOCA RATON, FL 33433

Mailing Address
 C/O THOMAS C. WALSER
 7015 BERACASA WAY, SUITE 201
 BOCA RATON, FL 33433

00063206



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0096492	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

WALSER, THOMAS C.
 7015 BERACASA WAY
 SUITE 201
 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTAELLA, IDALIA 17792 FIELDBROOK CIR WEST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S APORTELA, ESTRELLA C/O 17792 FIELDBROOK CIR W BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACALLAO, ELVIA C/O 17792 FIELDBROOK CIR WEST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paul Sanders* *Idalia Santaella* ✓ 305-448-7213
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50063206

Diagnostic Cytopathology Laboratory, Inc.
17792 Fieldbrook Circle West
Boca Raton, FL 33496

July 15, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Document Number: K34676

Dear Sirs:

Enclosed is my 2005 Annual Report along with a payment of \$150.

We are requesting that the penalty be waived.


Our accountant mailed in a request for a "paper form" to be sent to us sometime in January of this year.

We just found out that the form was never received. Further, our accountant failed to advise us of either the May 1 filing date or the fact that the report was not received.

The reasons for requesting the waiver of penalty are: first, a "paper" version of the form was ordered well in advance of the due date and it was never received; second, we relied on a professional to make sure that the notice was received in time to file and pay before May 1.

Your understanding in this matter is requested.

Sincerely,


Idalia Santaella, President
Diagnostic Cytopathology Laboratory, Inc.