

**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. Entity 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 ☐ **\$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	

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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:** *Idalia Santaella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Idalia Santaella*

Date

Daytime Phone #

*305-448-7213*

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.