


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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



01092006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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
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01/26/06-80020-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert Aportela 1/13/06 305-448-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #