


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K34676</b><br>1. Entity Name<br>DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O THOMAS C. WALSER<br>7015 BERACASA WAY, SUITE 201<br>BOCA RATON, FL 33433 | Mailing Address<br>C/O THOMAS C. WALSER<br>7015 BERACASA WAY, SUITE 201<br>BOCA RATON, FL 33433 |
|---|---|



03282007 No Chg-P CR2E034 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0096492                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                               |
|----------------------------|-------------------------------|
| TITLE                      | DP                            |
| NAME                       | SANTAELLA, IDALIA             |
| STREET ADDRESS             | 17792 FIELDBROOK CIR WEST     |
| CITY-ST-ZIP                | BOCA RATON, FL                |
| TITLE                      | S                             |
| NAME                       | APORTELA, ESTRELLA            |
| STREET ADDRESS             | C/O 17792 FIELDBROOK CIR W    |
| CITY-ST-ZIP                | BOCA RATON, FL                |
| TITLE                      | VP                            |
| NAME                       | BACALLAO, ELVIA               |
| STREET ADDRESS             | C/O 17792 FIELDBROOK CIR WEST |
| CITY-ST-ZIP                | BOCA RATON, FL                |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY-ST-ZIP                |                               |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY-ST-ZIP                |                               |

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04/16/07-80045-016 150.00

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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: *Idalia Santaella* 3/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #