

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K34676

1. Entity Name  
DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC.



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

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



03282007 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

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  
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  
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

U00000693591  
04/16/07-80045-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Thomas C. Walsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytime Phone #