

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34676

FILED
Apr 28, 2008
Secretary of State

Entity Name: DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0096492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANTAELLA, IDALIA
Address: 17792 FIELDBROOK CIR WEST
City-St-Zip: BOCA RATON, FL

Title: S () Delete
Name: APORTELA, ESTRELLA
Address: C/O 17792 FIELDBROOK CIR W
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: BACALLAO, ELVIA
Address: C/O 17792 FIELDBROOK CIR WEST
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: APORTELA, JANICE
Address: 17792 FIELDBROOK CIR WEST
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDALIA SANTAELLA

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date