2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49429

Entity Name: LAKELAND PATHOLOGISTS, P.A.

FILED Jan 10, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
|--|--|----------------------------------|---------|--|---|------------|-------------------------|--|
| 1635 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | 1629 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 1635 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | 1629 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | |
| FEI Number: | 59-2919114 | FEI Number Applied For () | FEI Nun | nber Not Appli | icable () | Certificat | e of Status Desired (X) | |
| Name and Address of Current Registered Agent: Na | | | | | Name and Address of New Registered Agent: | | | |
| RAMSEY, ROBERT K MD 1635 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | LARISCY, CRAIG D MD 1629 LAKELAND HILLS BLVD LAKELAND, FL 33805 US | | | | |
| 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: CRAIG D. LARISCY, MD 01/10/2007 | | | | | | | 1/10/2007 | |
| Electronic Signature of Registered Agent | | | | Date | | | | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | DUQUE, MD R | Oelete WORTH OAKD DR 33803 | | Title: Name: Address: City-St-Zip: | ()0 | hange (|) Addition | |
| Title: Name: Address: City-St-Zip: | S/T () E LARISCY, CRAIG 1250 EASTON DI LAKELAND, FL | ₹ | | Title: Name: Address: City-St-Zip: | P (X) C LARISCY, CRAIG 1250 EASTON DR LAKELAND, FL 3 | D., ₹ |) Addition | |
| Title: Name: Address: City-St-Zip: | V () E GARCIA, EDWAF 983 HANOVER W LAKELAND, FL | * | | Title: Name: Address: City-St-Zip: | GARCIA, EDWAR 983 HANOVER W | D J., |) Addition | |
| Title: Name: Address: City-St-Zip: | V () E DRAKE, FRANCI 1108 HUNT AVE LAKELAND, FL | | | Title: Name: Address: City-St-Zip: | V (X) C BOYNTON, EVAN 408 W BELVEDE LAKELAND, FL | DER A., |) Addition | |
| Title: Name: Address: City-St-Zip: | P () E RAMSEY, ROBEI 2304 WOODLEY LAKELAND, FL | | | Title: Name: Address: City-St-Zip: | V (X) C RAMSEY, ROBER 2304 WOODLEY LAKELAND, FL | ₹T K., |) Addition | |
| Title: Name: Address: City-St-Zip: | V () E REAVIS, WILTON 4301 CLEVELAN LAKELAND, FL | · | | Title: Name: Address: City-St-Zip: | () C | hange (|) Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG D. LARISCY, MD P 01/10/2007