

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49429

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: LAKELAND PATHOLOGISTS, P.A.

## Current Principal Place of Business:

1629 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

1629 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## New Mailing Address:

FEI Number: 59-2919114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LARISCY, CRAIG D MD  
1629 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 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: VP ( ) Delete  
Name: DUQUE, MD R  
Address: 1451 HOLLINGSWORTH OAKD DR  
City-St-Zip: LAKELAND, FL 33803

Title: P ( ) Delete  
Name: LARISCY, CRAIG D.,  
Address: 1250 EASTON DR  
City-St-Zip: LAKELAND, FL 33803

Title: S/T ( ) Delete  
Name: GARCIA, EDWARD J.,  
Address: 983 HANOVER WAY  
City-St-Zip: LAKELAND, FL

Title: V ( ) Delete  
Name: BOYNTON, EVANDER A.,  
Address: 408 W BELVEDERE ST  
City-St-Zip: LAKELAND, FL

Title: V ( ) Delete  
Name: RAMSEY, ROBERT K.,  
Address: 2304 WOODLEY AVE  
City-St-Zip: LAKELAND, FL

Title: V ( ) Delete  
Name: REAVIS, WILTON M. JR.,  
Address: 4301 CLEVELAND HGTS BLVD  
City-St-Zip: LAKELAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CRAIG D LARISCY

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date