

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47446

FILED
Jan 18, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA PATHOLOGISTS' LABORATORY, INC.

Current Principal Place of Business:

121 A3 W. PLYMOUTH AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1690
DELAND, FL 327211690 US

New Mailing Address:

FEI Number: 59-2990542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKOLAIDIS, E. T
1795 WHIPPOORWILL LANE
DELAND, FL 32720 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: PSTD () Delete
Name: NIKOLAIDIS, E. T
Address: 1795 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720

Title: SD () Delete
Name: KECHRITIS, CHRIS
Address: 2001 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: VD () Delete
Name: BETHEA, MARCUS C
Address: 127A NORTH GROVE ST.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: NIKOLAIDIS, E. T
Address: 1795 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720 US

Title: VD (X) Change () Addition
Name: KECHRITIS, CHRIS
Address: 2001 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757 US

Title: SD (X) Change () Addition
Name: BETHEA, MARCUS C
Address: 1310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778 US

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: E.T. NIKOLAIDIS

_____ Electronic Signature of Signing Officer or Director

P

01/18/2006

_____ Date