

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47446

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PATHOLOGISTS' LABORATORY, INC.

**Current Principal Place of Business:**

121 A3 W. PLYMOUTH AVE  
DELAND, FL 32720 US

**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  
1310 WATERMAN WAY  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

NIKOLAIDIS, E. T  
2755 S BAY STREET  
STE C  
EUSTIS, FL 32726 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/10/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KECHRITIS, CHRIS  
Address: 2755 S BAY ST, STE C  
City-St-Zip: EUSTIS, FL 32726 US

Title: VD  
Name: BETHEA, MARCUS C  
Address: 2755 S BAY ST, STE C  
City-St-Zip: EUSTIS, FL 32726 US

Title: STD  
Name: ZEAGLER, DEBORAH L  
Address: 2755 S BAY ST, STE C  
City-St-Zip: EUSTIS, FL 32726 US

Title: AS  
Name: NIKOLAIDIS, E. T  
Address: 2755 S BAY ST, STE C  
City-St-Zip: EUSTIS, FL 32726 US

I hereby 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 all other like empowered.

SIGNATURE: CHRIS KECHRITIS, MD

Electronic Signature of Signing Officer or Director

PD

04/10/2012

Date