2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90087 022 ***150.00

DOCUMENT # M98652

1. Entity Name

WEST COAST PATHOLOGY OF FLORIDA, P.A.

24006979

Principal Place of Business	Mailing Address
11375 CORTEZ BLVD. SPRING HILL FL 34613	4086 GULF COAST DRIVE HERNANDO BEACH FL 34607 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4407 FLEXER DR Suite, Apt. #, etc.
City & State	City & State: HERNANDO BEACH, FL
Zip / Country	Zip: 34607 / Country

4. FEI Number: 59-2908262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMULLEN, MARK (M.D.) 4407 FLEXER DRIVE HERNANDO FL 34607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MCMULLEN, MARK M.D. 4407 FLEXER DR HERNANDO BCH FL 34607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MOBLEY, KATHLEEN (M.D.) 8825 SKYMASTER DR. NEW PORT RICHEY FL 34654	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/28/04 352-596-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext 3609