

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98652

FILED
Feb 28, 2011
Secretary of State

Entity Name: WEST COAST PATHOLOGY OF FLORIDA, P.A.

Current Principal Place of Business:

11375 CORTEZ BLVD.
SPRING HILL, FL 34613

New Principal Place of Business:

11375 CORTEZ BLVD.
SPRING HILL, FL 34613 US

Current Mailing Address:

4407 FLEXER DR
SPRING HILL, FL 34607 US

New Mailing Address:

8632 CREEDMOOR LANE
NEW PORT RICHEY, FL 34654 US

FEI Number: 59-2908262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN, MARK (M.D.)
4407 FLEXER DRIVE
HERNANDO BEACH, FL 34607 US

Name and Address of New Registered Agent:

MCMULLEN, MARK (M.D.)
8632 CREEDMOOR LANE
NEW PORT RICHEY, FL 34654 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:

02/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MCMULLEN, MARK T M.D.
Address: 8632 CREEDMOOR LANE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: PS
Name: MOBLEY, KATHLEEN (M.D.)
Address: 8825 SKYMASTER DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

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: MARK MCMULLEN

VP

02/28/2011

Electronic Signature of Signing Officer or Director

Date