

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001225

FILED
Mar 11, 2005
Secretary of State

Entity Name: HUA TUO SOCIETY OF PATHOLOGY, INC.

Current Principal Place of Business:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1381385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LI, SHUAN C DR.
5101 KEENELAND CIR.
ORLANDO, FL 32819 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LI, SHUAN C
Address: DEPARTMENT OF PATHOLOGY, ORMC, 1414 SOUTH
City-St-Zip: ORANGE AVE. ORLANDO, FL 32806

Title: D () Delete
Name: YANG, XIMING J
Address: PATHOLOGY DEPT. NORTHWESTERN MEMO HOSPITAL
City-St-Zip: 251 E. HURON, CHICAGO, IL 60611

Title: D () Delete
Name: WANG, JUN
Address: PATHOLOGY DEPT. LOMA LINDA U. MED CTR.
City-St-Zip: LOMA LINDA, CA 92354

Title: D () Delete
Name: LU, DANIELLE
Address: PATHOLOGY DEPT. HUNTINGTON MEMO HOSPITAL
City-St-Zip: PASADENA, CA 91105

Title: D () Delete
Name: WU, CHIN-LEE
Address: PATHOLOGY DEPT. MGH, WARREN 333A, 55 FRUIT
City-St-Zip: ST. BOSTON, MA 02114

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHUAN C. LI

DR.

03/11/2005

Electronic Signature of Signing Officer or Director

Date