

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P0000041666
 1. Entity Name
 NORTH FLORIDA PATHOLOGY, P.A.



Principal Place of Business Mailing Address
 800 PRUDENTIAL DRIVE 800 PRUDENTIAL DRIVE
 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3645763 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUSHING, ROBERT K ESQ
 1515 RIVERSIDE AVE., STE A
 JACKSONVILLE, FL 32204

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GOLDSTEIN, JEFFREY D
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	STD
NAME	O'LAUGHLIN, SABINE
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PD
NAME	SANDLER, E. DAYAN
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	DUNDORE, PAUL A
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/05/07-80010-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: E. Dayan Sandler Date: 3/27/07 Daytime Phone #: 904 202-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #