## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90020 004 \*\*\*150.00

DOCUMENT # P01000011991  1. Entity Name PATHOLOGY MEDICAL LABORATORIES, P.A.								03-20-2006	90020	004 ***150	).00	
Principal Place of Business 913B NORTH BLVD. EAST				Mailing Address 913B NORTH BLVD, EAST						5	00037	47
LEESBURG, FL 34748			-	LEESBURG, FL 34748				: 48814901 111 1	ruin: 178(1 2011 8011 8011			
Principal Place of Business			3. N	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				02012006	Chg-P	CR2	E034 (11/05)	
City & State			C	city & State		4. FEI Number 59-3695415					oplied For ot Applicable	
Zip	Zip Country			ip	ntry	5. Certificate of Status Desire			Fee Required			
<u> </u>	6. Name	and Address of Currer	nt Regist	ered Agent				7. Name and	Address of New R	egistere	d Agent	
RENDON, SUSAN M M.D. 913B NORTH BLVD. EAST				Nai			Address (P.O. Box Number is Not Acceptable)					
	RG, FL 347					Sirect rices		.0. 50% (10.1100	, is that the deplace		<del> </del>	·
						City				FL Zip Code		
8. The above	e named entity	submits this statement	for the or									
	tions of registr		<u> </u>			ed OTICE OF FEC			n, in the State of Flo	orida l'al	M familiar with.	and accept
the obligate SIGNATURE	Signature, typed	ered agent.	nent and tale if		E: Registere	ed Agent signalure re	equired v		a, in the State of Fig.	3/6	/b (	and accept
the obligate SIGNATURE	Signature, typed	or printed name of registered age	ent and tale if	applicable (NOT  9. Election Campa  Frust Fund Cont	E: Registere	ed Agent signalure re	equired v	00 May Be	o, in the State of Fig	3/6	106	
signature_ Signature_ Fil. After M	Signature, typed I	or printed name of registered age  FEE IS \$150.00  Fee will be \$550	ent and tale if	applicable (NOT  9. Election Campa  Frust Fund Cont	C: Registere ign Finar tribution.	ad Agent signalure re	equired v	00 May Be		3/6	/O C	
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12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

> <u>Susan M.</u> SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition