

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90084 002 ***150.00

400550010



01282007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3695415** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P01000011991
1. Entity Name
PATHOLOGY MEDICAL LABORATORIES, P.A.



Principal Place of Business Mailing Address
913B NORTH BLVD. EAST 913B NORTH BLVD. EAST
LEESBURG, FL 34748 LEESBURG, FL 34748

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

RENDON, SUSAN M M.D.
913B NORTH BLVD. EAST
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PVST RENDON, SUSAN M M.D. 913 B NORTH BLVD. EAST LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan M. Rendon M.D. 3/5/07 352-787-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #