2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# P01000016648

Entity Name: NATURE COAST HISTOLOGY LABORATORY, INC.

Current Principal Place of Business:

6549 W. NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

2027 B N DONOVAN AVE
CRYSTAL RIVER, FL 34428

Current Mailing Address:

2027 N DONOVAN AVE.
CRYSTAL RIVER, FL 34428

New Mailing Address:

650 SE PARADISE POINT RD
PMB #4000
CRYSTAL RIVER, FL 34429

FEI Number: 59-3715630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, KEN
2027 N DONOVAN AVE
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

DUFF, MICHAEL W
2027 N DONOVAN AVE
CRYSTAL RIVER, FL 34428 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: MICHAEL W DUFF 07/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SOSEBEE, ODELL
Address: 6549 W. NORVELL BRYANT HWY.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TS (X) Delete
Name: ALEXANDER, KENNETH
Address: 6549 W. NORVELL BRYANT HWY.
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUFF, MICHAEL
Address: 2027 N DONOVAN AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. DUFF P 07/19/2004
Electronic Signature of Signing Officer or Director Date