

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058549

FILED
Apr 18, 2005
Secretary of State

Entity Name: CEDARS PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1400 NW 12 AVENUE
E402
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1400 NW 12 AVENUE
E402
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-1138310 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GONZALEZ, MIGUEL M.D.
Address: 8567 CORAL WAY PMB 127
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GONZALEZ, MIGUEL M.D.
Address: 2662 SW 110 CT
City-St-Zip: MIAMI, FL 33165

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: MIGUEL M GONZALEZ MD

PST

04/18/2005

Electronic Signature of Signing Officer or Director

Date