

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072768

FILED
Jan 07, 2009
Secretary of State

Entity Name: INDIAN RIVER PATHOLOGY, P.A.

Current Principal Place of Business:

1700 S. 23RD ST.
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

1170 SW MIRROR LAKE COVE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1120607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, ANIL G M.D.
1170 SW MIRROR LAKE COVE
PORT ST LUCIE, FL 34986 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: P () Delete
Name: DESAI, ANIL MD
Address: 1170 SW MIRROR LAKE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANIL G. DESAI

DR.

01/07/2009

Electronic Signature of Signing Officer or Director

Date