

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072768

FILED
Jan 10, 2012
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:

3510 OKEECHOBEE RD.
FORT PIERCE, FL 34947

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

OFFICERS AND DIRECTORS:

Title: P
Name: DESAI, ANIL MD
Address: 1170 SW MIRROR LAKE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ANIL DESAI

P

01/10/2012

Electronic Signature of Signing Officer or Director

Date