2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072768

1. Entity Name

INDIAN RIVER PATHOLOGY, P.A.



FILED Jul 23, 2003 8:00 am Secretary of State 07-23-2003 90057 019 ***550.00

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Principal Place	e of Rusiness		Mailing	Address									
LAWNWOOD F				WOOD RMC									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.						<u>.</u> .			
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City a State	е	Portst. Lucie, FL			_	4. [65-1120607		_ 	ot Applicable			
7:		Country	Zip Country										
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<u> </u>				24786, 45			i	Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
]			•			Name		_					
DESAI, ANIL G M.D.				Street Address /				(P.O. Box Number is Not Acceptable)					
1170 SW	MIRROR LAN	(E COVE	Sireet Address (i.o. box Number is Not Acceptable)					
PORT ST LUCIE FL 34986													
FUNIO	LUCIE FL 34	300											
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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 lagent.													
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ÇSIGNATURE L	Signature, typed or	printed name of registered agent an	d title if appli	icable. (NOT	: Registere	d Agent signature	required w	vhen rei	nstating)	DATE			
-													
FILE NOW!!! FEE IS \$550.00									9. Election Campaign Finar	cina	¢E O	0 May Be	
'After Sep	ptember 10, 2	2003 Fee will be \$750.0	00						Trust Fund Contribution.	cing 🗆		to Fees	
Make Check	k Payable to i	Florida Department of	State					İ	rest rana contributor.	7	Addec	101663	
10.		OFFICERS AND D	IRECTOR	RS	11.			ADI	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTOR	S IN 11	
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12. I nereby c	certify that the i	ntormation supplied with t	nıs tiling i	does not quality for	the exe	mption state	a in Sect	tion 1	19.07(3)(i), Florida Statutes. I fu	rtner certif	y that the ir	ntormation I	

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 of 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 others like empowered.

SIGNATURE: