## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089574

Entity Name: OSCEOLA PATHOLOGY ASSOCIATES, P.A.

FILED Mar 17, 2005 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

595 OAK COMMONS BOULEVARD SUITE B

KISSIMMEEE, FL 34741

**New Mailing Address: Current Mailing Address:** 

595 OAK COMMONS BOULEVARD SUITE B KISSIMMEEE, FL 34741

FEI Number: 59-3741621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCOLA, JOHN E JR M.D. ACCOLA, JOHN E JR M.D. 13109 EMERALD CHASE DRIVE 9945 QUIET LN ORLANDO, FL 32836 WINTER GARDIN, FL 34787 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: JOHN E ACCOLA JR MD 03/17/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ACCOLA, JOHN E JR. M.D. ACCOLA, JOHN E JR. M.D. Name: Name: Address: 9945 QUIET LN

10539 EMERALD CHASE DRIVE Address:

City-St-Zip: ORLANDO, FL 32836 City-St-Zip: WINTER GARDEN, FL 34787

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 Statutés. 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: JOHN E ACCOLA JR 03/17/2005 DR