

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089574

FILED
Mar 30, 2007
Secretary of State

Entity Name: OSCEOLA PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

595 OAK COMMONS BOULEVARD
SUITE B
KISSIMMEEEE, FL 34741

New Principal Place of Business:

801 W. OAK STREET
SUITE 205
KISSIMMEEEE, FL 34741

Current Mailing Address:

595 OAK COMMONS BOULEVARD
SUITE B
KISSIMMEEEE, FL 34741

New Mailing Address:

801 W. OAK STREET
SUITE 205
KISSIMMEEEE, 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:

ACCOLA, JOHN E JR M.D.
6149 CARTMEL LANE
WINDERMERE, FL 34786 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: DR () Delete
Name: ACCOLA, JOHN E JR. M.D.
Address: 6149 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

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 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: JOHN E ACCOLA JR

DR

03/30/2007

Electronic Signature of Signing Officer or Director

Date