

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000117428

1. Entity Name
 U.S. PATHOLOGY LABORATORY, INC.



Principal Place of Business
 1401 S.W. 107TH AVE.
 SUITE 301-H
 MIAMI, FL 33174

Mailing Address
 1401 S.W. 107TH AVE.
 SUITE 301-H
 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3604991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEREDO, ARMANDO J JR.
 1401 S.W. 107TH AVE.
 SUITE 301-H
 MIAMI, FL 33174

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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 agent

SIGNATURE *A. Figueredo* Armando J. Figueredo, Jr. DATE _____
Signature of person name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIGUEREDO, ARMANDO J JR. 3630 S.W. 128TH AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000214823
 02/04/05-80028-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 or 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 other like empowered.

SIGNATURE: *A. Figueredo* Armando J. Figueredo, Jr. (305) 216-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day/Time Phone #