

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007170

Entity Name: PATHOLOGY SOLUTIONS, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

2070 DIAMOND CT
OLDSMAR, FL 34677

New Principal Place of Business:

13575 58TH STREET NORTH
131
CLEARWATER, FL 33760

Current Mailing Address:

2070 DIAMOND CT
OLDSMAR, FL 34677

New Mailing Address:

10191 LAKE GROVE DRIVE
ODESSA, FL 33556

FEI Number: 41-2027439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWANDOWSKI, DAYLE
2070 DIAMOND CT
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

LEWANDOWSKI, DAYLE
10191 LAKE GROVE DRIVE
ODESSA, FL 33556 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: DAYLE LEWANDOWSKI

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWANDOWSKI, MICHAEL
Address: 2070 DIAMOND CT.
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: LEWANDOWSKI, DAYLE
Address: 2070 DIAMOND CT.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWANDOWSKI, MICHAEL
Address: 10191 LAKE GROVE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VP (X) Change () Addition
Name: LEWANDOWSKI, DAYLE
Address: 10191 LAKE GROVE DRIVE
City-St-Zip: ODESSA, FL 33556

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: MICHAEL LEWANDOWSKI

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date