

# 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