2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P02000007170

Entity Name: PATHOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

13575 58TH STREET NORTH
131
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

10191 LAKE GROVE DRIVE
ODESSA, FL 33556

New Mailing Address:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/30/2007

Electronic Signature of Signing Officer or Director Date