

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007170

Entity Name: PATHOLOGY SOLUTIONS, INC.

FILED  
Jan 06, 2010  
Secretary of State

**Current Principal Place of Business:**

13575 58TH STREET NORTH  
138  
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  
Name: LEWANDOWSKI, MICHAEL  
Address: 10191 LAKE GROVE DRIVE  
City-St-Zip: ODESSA, FL 33556

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LEWANDOWSKI

MR.

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date