

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007170

Entity Name: PATHOLOGY SOLUTIONS, INC.

FILED  
Feb 28, 2011  
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:**

13575 58TH STREET NORTH  
SUITE 138  
CLEARWATER, FL 33760

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:**

LEWANDOWSKI, DAYLE  
13575 58TH STREET NORTH  
SUITE 138  
CLEARWATER, FL 33760 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/28/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWANDOWSKI, MICHAEL  
Address: 13575 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: VP  
Name: LEWANDOWSKI, DAYLE  
Address: 13575 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: P  
Name: LEWANDOWSKI, MICHAEL  
Address: 13575 58TH STREET NORTH, SUITE 138  
City-St-Zip: CLEARWATER, FL 33760

Title: P  
Name: LEWANDOWSKI, MICHAEL  
Address: 13575 58TH STREET NORTH, SUITE 138  
City-St-Zip: CLEARWATER, FL 33760

Title: P  
Name: LEWANDOWSKI, MICHAEL  
Address: 13575 58TH STREET NORTH, SUITE 138  
City-St-Zip: CLEARWATER, FL 33760

Title: P  
Name: LEWANDOWSKI, MICHAEL  
Address: 13575 58TH STREET NORTH, SUITE 138  
City-St-Zip: CLEARWATER, FL 33760

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

P

02/28/2011

Electronic Signature of Signing Officer or Director

Date