

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90024 034 ***150.00

DOCUMENT # P02000135309 1. Entity Name PANTALEON PATHOLOGY ASSOCIATES, P.A.	
---	---

Principal Place of Business 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086	Mailing Address 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086
---	---

66005529



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0903716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRESGE, KENNETH R 1200 1700 PLANTATION DR, Suite 230 SAINT AUGUSTINE, FL 32080	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth R Kresge* DATE 2/9/05
Signature, typed or printed name of registered agent and shall be applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTALEON, YANET 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/05