


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90024 004 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KRESGE, KENNETH R 1700 PLANTATION DR SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 PLANTATION ISLAND DRIVE SUITE 730 City FL Zip Code	
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 <u><i>Kenneth Kresge</i></u> <small>Signature, typed or printed name of registered agent and date if applicable</small>				DATE <u>7/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANTALEON, YANET 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/10/06</u> Daytime Phone #	



CERTIFIED PUBLIC
ACCOUNTANTS

ATTACHMENT

50022570

#P02000135309

Florida Department of State
Secretary of State
Sue M. Cobb
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 10, 2006

kenneth r. kresge, cpa

benjamin l. platt, cpa, mba, cva

william t. abare III, cpa, macc

nicholas j. cameron, cpa

Pantaleon Pathology Associates, P.A.
Notice of Intent To Dissolve

Dear Ms. Cobb:

The above named taxpayer has requested that this representative draft this letter in connection with the enclosed notice wherein the department has notified the taxpayer with intent to dissolve. In that regard, please be advised of the following:

This is the first notification that the taxpayer has received in connection with the filing of the 2006 For Profit Corporation Annual Report. Additionally, please be advised that the address that the department has on record for this representative as registered agent is incorrect.

Said change was made on the annual report enclosed.

Enclosed please find a check in the amount of \$ 150.00 representing the annual fee for the corporation.

Based on the above, it is respectfully requested that the department consider the above as reasonable cause for not assessing the taxpayer the additional \$ 400.00 fee for late filing.

Respectfully Submitted on
Behalf of The Taxpayer,

Kenneth R. Kresge
Enclosures: As above
cc: Taxpayer
KRK/hlt

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