

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000061729

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** BENCHMARK PATHOLOGY LABORATORY, INC.

**Current Principal Place of Business:**

600 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

600 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 20-0064615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLITZMAN, LAWRENCE S  
13798 NW 4TH ST  
SUITE 308  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

KLITZMAN, LAWRENCE S  
1391 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 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

01/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHIFF, THEODORE  
Address: 600 VILLAGE SQUARE CROSSING  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: THEODORE SCHIFF

P

01/20/2011

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

\_\_\_\_\_  
Date