

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102671

FILED
Feb 07, 2008
Secretary of State

Entity Name: BREVARD PATHOLOGY, P.A.

Current Principal Place of Business:

2713 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

699 WEST COCOA BEACH CAUSEWAY
SUITE # 203
COCOA BEACH, FL 32931

Current Mailing Address:

2713 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-0613872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURENKO, MARCO M.D.
2713 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952 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: D () Delete
Name: BURENKO, MARCO M.D.
Address: 2713 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCO BURENKO

D

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date