

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000123810

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** FOREN HISTOLOGY SERVICES, INC.

**Current Principal Place of Business:**

15000 BRIDGEWAY LANE  
205  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 60094  
FT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 90-0127222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOREN, DERRICK  
15000 BRIDGEWAY LANE  
205  
FT. MYERS, FL 33919 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

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: FOREN, DERRICK  
Address: 15000 BRIDGEWAY LANE, #205  
City-St-Zip: FT MYERS, FL 33919

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: DERRICK FOREN

DPVS

01/26/2012

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

\_\_\_\_\_  
Date