# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2007**
**Secretary of State**

DOCUMENT# P04000077694

**Entity Name:** TOXICOLOGIC PATHOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

220 NORTH MARKET ST.
SUITE LL1
FREDERICK, MD 21701

**New Principal Place of Business:**

**Current Mailing Address:**

220 NORTH MARKET ST.
SUITE LL1
FREDERICK, MD 21701

**New Mailing Address:**

**FEI Number: 73-1703646** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KNUTSEN, GARY L
4380 GULF SHORE BOULEVARD NORTH
SUITE 806
NAPLES, FL 34003 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: C ( ) Delete
Name: KNUTSEN, GARY L
Address: 4201 GULF SHORES BLVD. NORTH #1601
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete
Name: MELLICK, PAUL W
Address: 1408 S. ROSE
City-St-Zip: SHERIDAN, AK 72150

Title: VP ( ) Delete
Name: MONTGOMERY, WILLIAM J
Address: 6618 STABLE VIEW CT.
City-St-Zip: JEFFERSON, MD 21755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition
Name: MELLICK, PAUL W
Address: 2413 LARIAT LANE
City-St-Zip: RICHLAND, WA 99352

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. MONTGOMERY VP 04/03/2007

Electronic Signature of Signing Officer or Director — Date