


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 007 \*\*\*150.00

<b>DOCUMENT # P04000086812</b>	
1. Entity Name <b>DERMPATH PLUS, INC.</b>	

Principal Place of Business <b>5946 FROND WAY APOLLO BEACH, FL 33572</b>	Mailing Address <b>829 GOLF ISLAND DRIVE APOLLO BEACH, FL 33572</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>617 ISLE BAY DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>APOLLO BEACH FL</b>
Zip	Country <b>USA</b>



02272008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1281371</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>YANTOS RAY YANTOS, VALERIE R 5946 FROND WAY APOLLO BEACH, FL 33572</b>	
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7. Name and Address of New Registered Agent Name <b>YANTOS RAY, VALERIE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 *Valerie Yantos Ray, Pres* **2/27/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>D YANTOS RAY, VALERIE A 5946 FROND WAY APOLLO BEACH, FL 33572</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerment.

SIGNATURE: *Valerie Y. Ray Pres* **2/27/08 (813) 641-0466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #