


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90329 043 \*\*\*150.00

<b>DOCUMENT # P04000114024</b> 1. Entity Name <b>HIALEAH PATHOLOGY SERVICES, P.A.</b>					
Principal Place of Business <b>C/O WILLIAM J. SPRATT, JR., ESQ.</b> <b>201 S. BISCAYNE BLVD., 20TH FLOOR</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>C/O WILLIAM J. SPRATT, JR., ESQ.</b> <b>201 S. BISCAYNE BLVD., 20TH FLOOR</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business <b>651 EAST 25th STREET</b> Suite, Apt. #, etc.			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>HIALEAH FL</b>		City & State City & State		4. FEI Number <b>20-453861</b>	
Zip <b>33013</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPRATT, WILLIAM J JR.</b> <b>201 S. BISCAYNE BLVD.</b> <b>20TH FLOOR</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>CARLOS GOLDENBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>651 EAST 25th STREET</b> City <b>HIALEAH FL</b> Zip Code <b>33013</b>	
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 <u><i>Goldenberg</i></u> <b>VICE-PRESIDENT</b> <span style="float: right;">3/11/2005</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S GOLDENBERG, CARLOS</b> <input type="checkbox"/> Delete <b>651 EAST 25TH STREET</b> <b>HIALEAH, FL 33013</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>D P PEREZ, JORGE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>651 EAST 25th STREET</b> <b>HIALEAH, FL 33013</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.					
SIGNATURE: <u><i>Goldenberg</i></u> <b>CARLOS GOLDENBERG</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/11/2005</u> Daytime Phone #		

**50037858**



01182005 Chg-P CR2E034 (10/03)