

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157963

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** TAMARAC PATHOLOGY GROUP, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

7201 N. UNIVERSITY DRIVE  
DEPT. OF PATHOLOGY  
TAMARAC, FL 33321

**New Principal Place of Business:**

6201 N. SUNCOAST BLVD  
DEPT. OF PATHOLOGY  
CRYSTAL RIVER, FL 34426 US

**Current Mailing Address:**

1845 NW 10 ST  
DELRAY BEACH, FL 33445

**New Mailing Address:**

12446 W. CHECKERBERRY DR.  
CRYSTAL RIVER, FL 34428

**FEI Number:** 20-1915291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTIANSEN, MICHAEL ERIC  
1500 NORTH FEDERAL HIGHWAY, SUITE 200  
FORT LAUDERDALE, FL 33304 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: PD ( ) Delete  
Name: ESCLOPIS, FERNANDO M.D.  
Address: 7201 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

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

Title: PD (X) Change ( ) Addition  
Name: ESCLOPIS, FERNANDO A. M.D.  
Address: 12446 W. CHECKERBERRY DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

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:** FERNANDO A. ESCLOPIS

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date