2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004813

Entity Name: DIAGNOSTIC PATHOLOGY ASSOCIATES, P.A.

Electronic Signature of Registered Agent

FILED Jan 05, 2012 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of Business:	
1456 WILLIAM ST LEESBURG, FL 34748			
Current Mailing Address	:	New Mailing Address:	
515 LAKESHORE DRIVE LEESBURG, FL 34748			
FEI Number: 20-2139912	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
BRIDGES, CLIFTON L JR 515 LAKESHORE DRIVE LEESBURG, FL 34748	US		
The above named entity suin the State of Florida.	ubmits this statement for the p	urpose of changing its registered o	ffice or registered agent, or both,

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: ICAZA, ORLANDO J M.D.
Address: 5716 CRESTVIEW DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: D

Name: BRIDGES, CLIFTON L JR. M.D Address: 515 LAKESHORE DR. City-St-Zip: LEESBURG, FL 34748

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: CLIFTON L. BRIDGES JR. MGMR 01/05/2012