

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084782

FILED
Jan 18, 2009
Secretary of State

Entity Name: SUNCOAST PATHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

2800 AURORA RD, STE. I
MELBOURNE, FL 32935

New Principal Place of Business:

2800 AURORA RD
STE I
MELBOURNE, FL 32935

Current Mailing Address:

PO BOX 410406
MELBOURNE, FL 32940

New Mailing Address:

2800 AURORA RD
STE I
MELBOURNE, FL 32935

FEI Number: 20-3554990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINICLIER, JOSEPH E
1970 MICHIGAN AVE BLDG 3
COCOA, FL 32922 US

Name and Address of New Registered Agent:

MINICLIER, JOSEPH E
725 SPRING LAKE DR
MELBOURNE, FL 32940 US

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: _____

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DOMINGUEZ, FELIPE E M.D.
Address: 725 SPRING LAKE DR
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: FELIPE DOMINGUEZ

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date