

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044276

FILED
Mar 16, 2011
Secretary of State

Entity Name: COLLIER PATHOLOGY SERVICES, P.A.

Current Principal Place of Business:

6101 PINE RIDGE ROAD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDGE ROAD
#374
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 42-1699708 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIPASQUALE, BRUNO R
2316 PINE RIDGE ROAD
#374
NAPLES, FL 34109 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

OFFICERS AND DIRECTORS:

Title: PT
Name: DIPASQUALE, BRUNO M.D.
Address: 2316 PINE RIDGE ROAD, #374
City-St-Zip: NAPLES, FL 34109 US

Title: S
Name: DIPASQUALE, LISETTE
Address: 2316 PINE RIDGE ROAD, #374
City-St-Zip: NAPLES, FL 34109 US

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: BRUNO DIPASQUALE

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date