

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90039 016 ***150.00

DOCUMENT # P06000107856

1. Entity Name

BREVARD DERM PATH & SURGPATH LAB, INC.



Principal Place of Business

515 W. MERRITT AVENUE
MERRITT ISLAND FL 32953

Mailing Address

515 W. MERRITT AVENUE
MERRITT ISLAND FL 32953



2. Principal Place of Business - No P.O. Box #

830 Executive Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite # 150

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

City & State

Zip

32955

Country

USA

Zip

Country

4. FEI Number

20-5468988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
301 E. PINE STREET
SUITE 1400
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PANDYA, SAMANT J MD
STREET ADDRESS 515 W. MERRITT AVENUE
CITY- ST- ZIP MERRITT ISLAND FL 32953

TITLE STD ☐ Delete
NAME NIME, FREDA MD
STREET ADDRESS 110 LONGWOOD AVENUE
CITY- ST- ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07