


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 021 \*\*\*150.00

<b>DOCUMENT # P06000107856</b> 1. Entity Name <b>BREVARD DERMPATH &amp; SURGPATH LAB, INC.</b>					
Principal Place of Business <b>830 EXECUTIVE LANE SUITE #150 ROCKLEDGE FL 32955</b>				Mailing Address <b>515 W. MERRITT AVENUE MERRITT ISLAND FL 32953</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>480 SAIL LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>APT # 701</b>			
City & State		City & State <b>MERRITT ISLAND</b>		4. FEI Number <b>20-5468988</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>FL 32953</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO FL 32801</b>				7. Name and Address of New Registered Agent Name <b>SUMANT PANDYA, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 SAIL LANE</b> <b>APT. # 701</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32953</b>	
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 <u><i>Sumant J. Pandya</i></u> (SUMANT J-PANDYA, MD) <u>3/25/08</u> <small>Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANDYA, SAMANT J MD 515 W. MERRITT AVENUE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANDYA, SUMANT J, MD 480 SAIL LANE, APT. # 701 MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIME, FREDA MD 110 LONGWOOD AVENUE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Sumant J. Pandya</i></u> <u>3/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/07)