

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107856

FILED
Mar 23, 2009
Secretary of State

Entity Name: BREVARD DERMPATH & SURGPATH LAB, INC.

Current Principal Place of Business:

830 EXECUTIVE LANE
SUITE #150
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

480 SAIL LANE
APT. 701
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 20-5468988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDYA, SUMANT MD
480 SAIL LANE
APT. 701
MERRITT ISLAND, FL 32953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PANDYA, SUMANT J MD
Address: 480 SAIL LANE APT. #701
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STD () Delete
Name: NIME, FRED A MD
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: NIME, FRED A MD
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SC () Change (X) Addition
Name: BELL, JULIE MD
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32953

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: SUMANT J.PANDYA,MD

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date