2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P11000029955

Entity Name: FLORIDA DERMATOPATHOLOGY LABORATORY, INC.

Current Principal Place of Business:

801 ANCHOR RODE DRIVE
SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

801 ANCHOR RODE DRIVE
SUITE 100
NAPLES, FL 34103

New Mailing Address:

FEI Number: 35-2411114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, J MICHAEL ESQ.
2640 GOLDEN GATE PARKWAY
304
NAPLES, FL 34105 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: P
Name: ZACK, LISA D
Address: 801 ANCHOR RODE DRIVE, #100
City-St-Zip: NAPLES, FL 34103

Title: VP
Name: KOVACH, BRADLEY
Address: 801 ANCHOR RODE DRIVE, #100
City-St-Zip: NAPLES, FL 34103

Title: S
Name: ZACK, LISA D
Address: 801 ANCHOR RODE DRIVE, #100
City-St-Zip: NAPLES, FL 34103

Title: T
Name: KOVACH, BRADLEY
Address: 801 ANCHOR RODE DRIVE, #100
City-St-Zip: NAPLES, FL 34103

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: LISA D ZACK MD 01/10/2012

Electronic Signature of Signing Officer or Director — Date