2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2012
Secretary of State

DOCUMENT# P11000048364

Entity Name: PHYSICIAN'S PATHOLOGY SERVICES, P.A.

Current Principal Place of Business:

865 CRESTON DR
MAITLAND, FL 32751

New Principal Place of Business:

451 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

865 CRESTON DR
MAITLAND, FL 32751

New Mailing Address:

5519 AVENUE DU SOLEIL
LUTZ, FL 33558

FEI Number: 38-3839097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L
SUN TRUST CENTER, SUITE 2300
200 SOUTH ORANGE AVENUE
ORLANDO, FL 328013432 US

Name and Address of New Registered Agent:

MARCI, JAMES
4044 COMMERCIAL WAY
SPRING HILL, FL 34606 US

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: JAMES MARCI 10/30/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: WHEELER, ROSS
Address: 5519 AVENUE DU SOLEIL
City-St-Zip: LUTZ, FL 33558

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: ROSS WHEELER CEO 10/30/2012
Electronic Signature of Signing Officer or Director Date