

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000001077

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: COCOA BEACH PATHOLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

701 WEST COCOA BEACH CSWY  
COCOA BEACH, FL 32931 US

## New Principal Place of Business:

699 WEST COCOA BEACH CSWY  
SUITE #203  
COCOA BEACH, FL 32931 US

## Current Mailing Address:

PO BOX 69  
COCOA BEACH, FL 32932 US

## New Mailing Address:

699 WEST COCOA BEACH CSWY  
SUITE #203  
COCOA BEACH, FL 32931 US

FEI Number: 59-3148882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURENKO, MARCO  
699 W COCOA BEACH CAUSEWAY  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

BURENKO, MARCO  
699 WEST COCOA BEACH CSWY  
SUITE #203  
COCOA BEACH, FL 32931 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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SARKARATI, EBRAHIM  
Address: 701 WEST COCOA BCH CSWY  
City-St-Zip: COCOA BEACH, FL

Title: VS (X) Delete  
Name: BURENKO, MARCO  
Address: 701 WEST COCOA BCH CSWY  
City-St-Zip: COCOA BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURENKO, MARCO  
Address: 699 WEST COCOA BCH CSWY, SUITE 203  
City-St-Zip: COCOA BEACH, FL 32931

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCO BURENKO, M.D.

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date