2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010657

Name:

Address:

City-St-Zip:

FILED Mar 15, 2004 Secretary of State

Entity Name: HISTOPATH LAB, P.A. **Current Principal Place of Business: New Principal Place of Business:** 2027 N. DONOVAN AVE CRYSTAL RIVER, FL 34428 US **New Mailing Address: Current Mailing Address:** 2027 N. DONOVAN AVE CRYSTAL RIVER, FL 34428 US FEI Number: 65-0389205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEXANDER, KENNETH W. 2027 A NORTH DONOVAN AVENUE CRYSTAL RIVER, FL 34428 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PSVT** () Delete Title: (X) Change () Addition ALEXANDER, KENNETH W. Name: Name: ALEXANDER, KENNETH W. 2027 A N DONOVAN AVENUE 2027 A N DONOVAN AVENUE Address: Address: City-St-Zip: CRYSTAL RIVER, FL City-St-Zip: CRYSTAL RIVER FL Title: () Delete Title: VΡ () Change (X) Addition Name: Name: OLIVER, ELIZABETH 2027 N DONOVAN AVE Address: Address: CRYSTAL RIVER, FL 34428 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete SEC

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.

Name:

Address:

City-St-Zip:

ALEXANDER, SHARON

2027 N DONOVAN AVE

CRYSTAL RIVER, FL 34428

SIGNATURE: KENNETH W ALEXANDER P/TR 03/15/2004