## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010657

Entity Name: HISTOPATH LAB, P.A.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2027 N. DONOVAN AVE 545 N CITRUS AVE

CRYSTAL RIVER, FL 34428 US CRYSTAL RIVER, FL 34428 US

Current Mailing Address: New Mailing Address:

2027 N. DONOVAN AVE 545 N CITRUS AVE

CRYSTAL RIVER, FL 34428 US 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. ALEXANDER, KENNETH W. 2027 A NORTH DONOVAN AVENUE 545 N CITRUS AVE

CRYSTAL RIVER, FL 34428 US CRYSTAL RIVER, FL 34428 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: KENNETH W ALEXANDER 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

City-St-Zip:

T''. D.TD. (20.0)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P/TR () Delete Title: P,TR (X) Change () Addition
ALEXANDER, KENNETH W.
2027 A N DONOVAN AVENUE Address: 545 N CITRUS AVE
CRYSTAL RIVER, FL City-St-Zip: CRYSTAL RIVER, FL

Title: VP () Delete Title: VP (X) Change ().

 Title:
 VP
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 OLIVER, ELIZABETH
 Name:
 OLIVER, ELIZABETH

 Address:
 2027 N DONOVAN AVE
 Address:
 545 N CITRUS AVE

City-St-Zip: CRYSTAL RIVER, FL 34428 US City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 ALEXANDER, SHARON
 Name:
 ALEXANDER, SHARON

 Address:
 2027 N DONOVAN AVE
 Address:
 545 N CITRUS AVE

 City-St-Zip:
 CRYSTAL RIVER, FL 34428
 City-St-Zip:
 CRYSTAL RIVER, FL 34428

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH W ALEXANDER P 01/09/2006