

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054631

FILED
Mar 24, 2009
Secretary of State

Entity Name: PALMETTO PATHOLOGY SERVICES, P.A.

Current Principal Place of Business:

2001 WEST 68TH ST.
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2001 WEST 68TH ST.
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0426759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABELS, MICHAEL
2001 WEST 68TH STREET
HIALEAH, FL 33016 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LANCET, FREDERICK
Address: 2001 W. 68TH ST
City-St-Zip: HIALEAH, FL 33016

Title: DST () Delete
Name: ABELS, MICHAEL
Address: 2001 W 68 ST
City-St-Zip: HIALEAH, FL 33016

Title: VP () Delete
Name: ISAAC, GUSTAVO
Address: 2001 W 68 ST
City-St-Zip: HIALEAH, FL 33016

Title: VP () Delete
Name: REY, LUIS
Address: 2001 W 68 ST
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: ABELS, MICHAEL MD
Address: 2001 W 68 ST
City-St-Zip: HIALEAH, FL 33016

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL ABELS, M.D.

DST

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date