

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054631

**FILED**  
**Apr 26, 2011**  
**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:**

2001 WEST 68TH ST.  
DEPARTMENT OF PATHOLOGY  
HIALEAH, FL 33016

**Current Mailing Address:**

2001 WEST 68TH ST.  
HIALEAH, FL 33016

**New Mailing Address:**

2001 WEST 68TH ST.  
DEPARTMENT OF PATHOLOGY  
HIALEAH, FL 33016

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: MICHAEL ABELS

ST

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date