

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000085592

FILED
Jul 26, 2010
Secretary of State**Entity Name:** SUNCOAST PATHOLOGY, INC.**Current Principal Place of Business:**446 S TAMIAMI TRAIL
2ND FL
VENICE, FL 34285 US**New Principal Place of Business:****Current Mailing Address:**446 S TAMIAMI TRAIL
2ND FL
VENICE, FL 34285 US**New Mailing Address:****FEI Number:** 65-0541347**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DENSMORE, TAMARA L MD
446 S TAMIAMI TRAIL
2ND FL
VENICE, FL 34285 US**Name and Address of New Registered Agent:**ROTH, WILLIAM G MD
446 S TAMIAMI TRAIL
2ND FLOOR
VENICE, FL 34285 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: WILLIAM G. ROTH, M.D.

07/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: WHISNANT, RICHARD E M.D.
Address: 446 S TAMIAMI 2ND FL
City-St-Zip: VENICE, FL 34285

Title: VPS
Name: ROTH, WILLIAM G M.D.
Address: 446 S TAMIAMI TRAIL 2ND FL
City-St-Zip: VENICE, FL 34285

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: WILLIAM G. ROTH, M.D.

VPS

07/26/2010

Electronic Signature of Signing Officer or Director

Date