


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 035 ***150.00

DOCUMENT # P95000068214 1. Entity Name HEARTLAND PATHOLOGY ASSOCIATES, P.A.																													
Principal Place of Business PO BOX 1707 AVON PARK, FL 33826			Mailing Address 700 HEATNES BLUE SPRINGS, MO 64015 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19045 E Valley View Pkwy Suite, Apt. #, etc. Suite C City & State Independence MO Zip 64055 Country USA																											
City & State Zip		City & State Independence MO Zip 64055 Country USA		4. FEI Number 65-0599581 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02132006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent RADA, DINI DR 2700 N. AVON BLVD. AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RADA, DINI H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2700 N. AVON BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	RADA, DINI H		STREET ADDRESS	2700 N. AVON BLVD.		CITY-ST-ZIP	AVON PARK, FL 33825		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Dini H. Rada</u> DINI H. RADA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/24/06 Daytime Phone # 863-402-3453																										