

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90029 026 ***150.00

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1. Entity Name

DIAGNOSTIC PATHOLOGY OF FLORIDA SUNCOAST,
P.A.



Principal Place of Business

12204 CORTEZ BLVD
BROOKSVILLE FL 34613

Mailing Address

12204 CORTEZ BLVD
BROOKSVILLE FL 34613



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number 59-3359378

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, DARRYL
29 S. BROOKSVILLE AVE.
BROOKSVILLE FL 34601

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

Loretta D. Augustine

1-24-08

Signature, typed or printed name of registered agent and Date. (Indicate)

(NOTE: Registered Agent sign must appear when completing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GANGAROSA, MARGARET A M.D.	
STREET ADDRESS	9433 BEARFOOT TRAIL	
CITY-ST-ZIP	WEEKI WACHEE FL 34613-6478	
TITLE	D	☐ Delete
NAME	AUGUSTINE, LORETTA D M.D.	
STREET ADDRESS	7401 ROYAL OAK DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AUGUSTINE, LORETTA D M.D.	☒ Change ☐ Addition
NAME	5795 SUMMIT VIEW DR.	
STREET ADDRESS	BROOKSVILLE, FL 34601	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Loretta D. Augustine LORETTA AUGUSTINE

1/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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