## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000066572

Entity Name: FERNANDO ESCLOPIS, M.D., P.A.

34426 N. CHECKERBERRY DR.

CYSTAL RIVER, FL 34426

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6201 N.SUNCOAST BLVD DEPARTMENT OF PATHOLOGY CRYSTAL RIVER, FL 34428 **New Mailing Address: Current Mailing Address:** 12446 W. CHECKERBERRY DR. CRYSTAL RIVER, FL 34428 US FEI Number: 65-0690627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYNOLDS, DOUGLAS H 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete Title: () Change () Addition Name: ESCLOPIS, FERNANDO MD Name: 6201 N. SUNCOAST BLVD., DEPT. OF PATHOLOGY Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34426 US City-St-Zip: Title: V.P. Title: () Change () Addition () Delete Name: ESCLOPIS, NANCY M RN 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: FERNANDO A. ESCLOPIS PRES 04/27/2007