2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

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

Current Principal Place of Business:

6201 N.SUNCOAST BLVD
DEPARTMENT OF PATHOLOGY
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

12446 W. CHECKERBERRY DR.
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

12446 W. CHECKERBERRY DR.
LABORATORY/DEPARTMENT OF PATHOLOGY
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:

REYNOLDS, DOUGLAS H
4875 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: ESCLOPIS, FERNANDO MD
Address: 6201 N. SUNCOAST BLVD., LABORATORY
City-St-Zip: CRYSTAL RIVER, FL 34426 US

Title: V.P.
Name: ESCLOPIS, NANCY M RN
Address: 34426 W. CHECKERBERRY DR.
City-St-Zip: CYSTAL RIVER, FL 34426

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: FERNANDO ESCLOPIS PD 02/17/2010

Electronic Signature of Signing Officer or Director Date