

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P97000030721 1. Entity Name AMERICAN CYTOPATHOLOGY ASSOCIATES, P.A. | | | | | |
| Principal Place of Business 3910 NW 43 ST. COCONUT CREEK, FL 33073 | | | Mailing Address 3920 NW 43 ST. COCONUT CREEK, FL 33073 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01062006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-0743897 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAMRAM AJAMI 3910 NW 43RD STREET POMPANO BEACH, FL 33073 | | | | 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 <div style="float: right; text-align: right;"> DATE </div> | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) | | | | | |
| 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 | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div> | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAMRAM AJAMI 3910 NW 43 STREET POMPANO BEACH, FL 33073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | DDMMYY 04/11/06-80107-017 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #