2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90075 009 ***150.00

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1. Entity Name
EMERALD COAST PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
C/O ROY L. CLEMONS, M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	C/O ROY L. CLEMONS, M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O Robert Blanchard MD	Same as
Suite, Apt. #, etc.: 1000 MAR WALT DRIVE	Suite, Apt. #, etc.: ←
City & State: FORT WALTON BEACH, FL	City & State:
Zip: 32547 Country:	Zip: Country:

4. FEI Number: 59-3451200 ☐ Applied For ☐ Not Applicable

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
CLEMONS, ROY L M.D. C/O PATHOLOGY DEPARTMENT 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	Name: Robert Blanchard M.D. Street Address (P.O. Box Number is Not Acceptable): C/O PATHOLOGY DEPT 1000 MAR WALT DR. City: FORT WALTON BEACH FL Zip Code 32547

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: Robert Blanchard MD DATE: 2/23/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMONS, ROY L M.D. C/O 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHARD, ROBERT N M.D. C/O 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Blanchard MD 2/23/05 850-863-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #