2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000052378

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

Principal Place of Business	Mailing Address
C/O ROBERT BLANCHARD MD 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	C/O ROBERT BLANCHARD MD 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (11/05)

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

BLANCHARD, ROBERT MD
C/O PATHOLOGY DEPARTMENT
1000 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

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 _____ DATE
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, 2008 Fee will be $550.00

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

U00000842223
03/11/08-80021-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	BLANCHARD, ROBERT N M.D.
STREET ADDRESS	C/O 1000 MAR WALT DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert Blanchard MD 2/25/08 850-863-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #