

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90054 020 ***150.00

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1. Entity Name
CENTRAL FLORIDA PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business
601 E. ROLLINS ST.
ORLANDO, FL 32801

Mailing Address
815 HERNDON AVENUE
STE 100
ORLANDO, FL 32803

50013226



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ELIN V SATORY-DEHOYOS
601 E. ROLLINS ST.
ORLANDO, FL 32801

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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ELIN V SATORY-DEHOYOS
601 E. ROLLINS ST.
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ANDERSON, BRUCE V
601 E. ROLLINS ST.
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUARDA, LUIS A
601 E. ROLLINS ST.
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RADI, MICHAEL J
601 E. ROLLINS ST.
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERNICONE, PETER
601 E. ROLLINS ST.
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THONI, DEBORAH
601 E. ROLLINS ST.
ORLANDO, FL 32803

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 **407 922-8831**
Date Daytime Phone #