

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29696

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** PATHOLOGY ASSOCIATES OF SOUTH MIAMI, P.A.

**Current Principal Place of Business:**

PATHOLOGY DEPT., 5TH FLOOR  
7400 S.W. 62ND AVENUE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

%DONALD T. COHEN, CPA, P.A.  
P.O. BOX 812170  
BOCA RATON, FL 334812170

**New Mailing Address:**

**FEI Number:** 65-0275837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOERSS, RONALD A.  
7400 SW 62ND AVE  
MIAMI, FL 33143 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: DP ( ) Delete  
Name: GOERSS, RONALD,  
Address: 7400 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL

Title: DV ( ) Delete  
Name: OTRAKJI, CHRISTIAN L  
Address: 7400 SW 62ND AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GOERSS, RONALD  
Address: 7400 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: DV (X) Change ( ) Addition  
Name: OTRAKJI, CHRISTIAN L  
Address: 7400 SW 62ND AVE  
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD GOERSS

DP

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date