

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # S65123

1. Entity Name
MEASE PATHOLOGY ASSOCIATES, INC.



Principal Place of Business
**C/O PRICE & DONOGHUE, P.A.
29605 U.S. HWY 19 NO. #140
CLEARWATER, FL 34621**

Mailing Address
**C/O PRICE & DONOGHUE, P.A.
29605 U.S. HWY 19 NO. #140
CLEARWATER, FL 34621**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3073991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALSER, EDUARDO
1610 HAMPTON CT.
SAFETY HARBOR, FL 34695**

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	BALSER, EDUARDO
STREET ADDRESS	1610 HAMPTON CT
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	DP
NAME	WILLIAMS, CHRISTOPHER
STREET ADDRESS	17102 RAINBOW TERRACE
CITY-ST-ZIP	ODESSA, FL
TITLE	DVS
NAME	KRAMER, CHARLES M.D.
STREET ADDRESS	2125 HICKORY GATE DR W.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000435037
02/25/06-80026-004 150.00

**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:

Charles Kramer **Charles Kramer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #