

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 024 \*\*\*150.00

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02082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S65123</b> 1. Entity Name <b>MEASE PATHOLOGY ASSOCIATES, INC.</b>					
Principal Place of Business <b>C/O PRICE &amp; DONOGHUE, P.A.          29605 U.S. HWY 19 NO. #140          CLEARWATER, FL 34621</b>			Mailing Address <b>C/O PRICE &amp; DONOGHUE, P.A.          29605 U.S. HWY 19 NO. #140          CLEARWATER, FL 34621</b>		
2. Principal Place of Business - No P.O. Box # <b>601 Main St</b>		3. Mailing Address <b>29750 US 19 N</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>#101</b>			
City & State <b>Dunedin FL</b>		City & State <b>Clearwater FL</b>		4. FEI Number <b>59-3073991</b>	
Zip <b>34698</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33761</b>		Country <b>Pinellas</b>		6. Name and Address of Current Registered Agent <b>BALSER, EDUARDO          1610 HAMPTON CT.          SAFETY HARBOR, FL 34695</b>	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State <b>FL</b>			
Zip Code 		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVT          BALSERA, EDUARDO          1610 HAMPTON CT          SAFETY HARBOR, FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP          WILLIAMS, CHRISTOPHER          17102 RAINBOW TERRACE          ODESSA, FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVS          KRAMER, CHARLES M.D.          2125 HICKORY GATE DR W.          DUNEDIN, FL 34698</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Charles Kramer MD</u> <span style="float: right;">2/9/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					