

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 024 \*\*\*150.00

**DOCUMENT # S65123**

1. Entity Name  
**MEASE PATHOLOGY ASSOCIATES, INC.**



Principal Place of Business  
**601 MAIN ST  
DUNEDIN, FL 34698**

Mailing Address  
**29750 US 19N  
#101  
CLEARWATER, FL 33761**

400000000



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04082008 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3073991**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Christopher Williams**  
Street Address (P.O. Box Number is Not Acceptable)  
**16850 Crawley Rd**  
City **Odessa** FL Zip Code **33556**

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]** DATE **4-9-08**

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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSER, EDUARDO		NAME		
STREET ADDRESS	1610 HAMPTON CT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHRISTOPHER		NAME		
STREET ADDRESS	17102 RAINBOW TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, CHARLES M.D.		NAME		
STREET ADDRESS	2125 HICKORY GATE DR W.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 persons empowered.

SIGNATURE **[Signature]** DATE **4-9-08** DAYTIME PHONE # **727-734-6635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR