

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65123

FILED
Apr 08, 2009
Secretary of State

Entity Name: MEASE PATHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

601 MAIN ST
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

29750 US 19N
#101
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3073991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHRISTOPHER
16850 CRAWLEY RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

WILLIAMS, CHRISTOPHER
16850 CRAWLEY RD
ODESSA, FL 33556 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BALSERA, EDUARDO
Address: 1610 HAMPTON CT
City-St-Zip: SAFETY HARBOR, FL

Title: DP () Delete
Name: WILLIAMS, CHRISTOPHER
Address: 17102 RAINBOW TERRACE
City-St-Zip: ODESSA, FL

Title: DVS () Delete
Name: KRAMER, CHARLES M.D.
Address: 2125 HICKORY GATE DR W.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: NILS DIAZ
Address: 4419 N SWANN CR
City-St-Zip: TAMPA, FL 33509

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: KRAMER, CHARLES M.D.
Address: 2125 HICKORY GATE DR W.
City-St-Zip: DUNEDIN, FL 34698

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: CHRISTOPHER WILLIAMS

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date