

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65123

FILED
Feb 18, 2011
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:

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

OFFICERS AND DIRECTORS:

Title: DVT
Name: NILS DIAZ
Address: 4419 N SWANN CR
City-St-Zip: TAMPA, FL 33509

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER WILLIAMS

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date