

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02889

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** MICRO PATH LABORATORIES, INC.

**Current Principal Place of Business:**

1125 BARTOW RD  
STE 101  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

1125 BARTOW RD  
STE 101  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 59-3097649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LARISCY, CRAIG D MD  
1125 BARTOW RD  
STE 101  
LAKELAND, FL 33801 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: V  
Name: DUQUE, RICARDO E.  
Address: 1451 HOLLINGSWORTH OAKS DR.  
City-St-Zip: LAKELAND, FL

Title: P  
Name: LARISCY, CRAIG D.  
Address: 1250 EASTON DR  
City-St-Zip: LAKELAND, FL

Title: V  
Name: GARCIA, EDWARD J.  
Address: 983 HANOVER WAY  
City-St-Zip: LAKELAND, FL

Title: V  
Name: BOYNTON, EVANDER A.  
Address: 408 W BELVEDERE ST.  
City-St-Zip: LAKELAND, FL

Title: V  
Name: RAMSEY, ROBERT K.  
Address: 2304 WOODLEY AVE.  
City-St-Zip: LAKELAND, FL

Title: V  
Name: REAVIS, WILTON M., JR.  
Address: 4301 CLEVELAND HGHTS BVD  
City-St-Zip: LAKELAND, FL

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: CRAIG D. LARISCY

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date