

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000039436

**Entity Name:** ARGOS PATHOLOGY AND ADVANCED DIAGNOSTICS, P.A.

**Current Principal Place of Business:**

314 WEST STREET  
NAPLES, FL 34108

**Current Mailing Address:**

314 WEST STREET  
NAPLES, FL 34108 US

**FEI Number:** 27-2550180

**Certificate of Status Desired:** No

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

DIPASQUALE, BRUNO  
314 WEST STREET  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P/VP	Title	S
Name	DIPASQUALE, BRUNO	Name	DIPASQUALE, LISETTE
Address	314 WEST STREET	Address	314 WEST STREET
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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:** BRUNO DIPASQUALE

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date