

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000055335

Entity Name: HISTOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

1620 MEDICAL LANE
SUITE 120
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 60094
FORT MYERS, FL 33906 US

FEI Number: 47-1459901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOREN, DERRICK
15000 BRIDGEWAY LANE
APT 205
FORT MYERS, FL 33919 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
Name KALEMERIS, GEORGE
Address 23 WINEWOOD CT
City-State-Zip: FORT MYERS FL 33919

Title VP
Name FOREN, DERRICK
Address 15000 BRIDGEWAY LANE, #205
City-State-Zip: FORT MYERS FL 33919

Title CFO
Name KALEMERIS, GEROGE
Address 23 WINEWOOD CT
City-State-Zip: FORT MYERS FL 33919

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: DERRICK FOREN

VP

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date