

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 602221 (4)  
1. Corporation Name  
ST. VINCENTS'S PATHOLOGY ASSOCIATES, MATTHEW C.  
PATTERSON, M.D., P.A.

Principal Place of Business

Mailing Address

PATTERSON, M.D., P.A.  
ST. VINCENTS HOSPITAL  
JACKSONVILLE FL 32204

PATTERSON, M.D., P.A.  
ST. VINCENTS HOSPITAL  
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1970

4. FEI Number

59-1295228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, MATTHEW C., M.D.  
1800 BARRS STREET  
JACKSONVILLE FL 32203

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Matthew C. Patterson*  
Signature, typed or printed name of registered agent and title if applicable.

*President*  
(NOTE: Registered Agent signature required when reinstating)

*2/9/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PATTERSON, MATTHEW C.  
STREET ADDRESS 4708 LONG BOW RD  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME PATTERSON, MATTHEW C.  
STREET ADDRESS 4708 LONG BOW RD  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP  
NAME CANTRELL, BRETT.  
STREET ADDRESS 4844 APACHE AVE.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP  
NAME SHORE, GEORGE.  
STREET ADDRESS 1321 RIVER PLACE DR.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME VITSKY, BRIAN.  
STREET ADDRESS 3805 HOLLY GROVE AVE.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP  
NAME DeStephano, Don B.  
STREET ADDRESS 4420 Ortega Forest Drive  
CITY-ST-ZIP Jacksonville, Florida 32210 ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Matthew C. Patterson*  
Signature, typed or printed name of registered agent and title if applicable.

*2/9/98*  
DATE

*904 308-3801*

CR2E034 (10/97)