

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90018 022 ***150.00

DOCUMENT # **602221**

1. Entity Name

ST. VINCENTS PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

St. Vincents Hospital-Lab

3. Mailing Address

1800 Barrs Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Jacksonville, FL**

4. FEI Number

59-1295228

Applied For

Not Applicable

Zip

Country

Zip

Country

32204

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Vitsky, Brian

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

1800 Barrs Street

City

Jacksonville, FL

FL

Zip Code
32204

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, MATTHEW C.	
STREET ADDRESS	4708 LONG BOW RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, MATTHEW C.	
STREET ADDRESS	4708 LONG BOW RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANTRELL, BRETT.	
STREET ADDRESS	4844 APACHE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHORE, GEORGE.	
STREET ADDRESS	1321 RIVER PLACE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VITSKY, BRIAN.	
STREET ADDRESS	3605 HOLLY GROVE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESTEPHANO, DON B	
STREET ADDRESS	4420 ORTEGA FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramos, Ricardo	
STREET ADDRESS	9047 Kings Colony Road	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)