FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

735056

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FLORIDA SOCIETY OF PATHOLOGISTS, INC.							! I healh ipeda hine einin enife enife enife !				
Principal Place of Business Mailing Address								III BIBIA AIDII BIAII DIDI	81011 8101		
1811 WYCLIFF DRIVE P.O. BOX 536544 ORLANDO FL 32803 ORLANDO FL 32853								3. Date Incorporated or Qualified 02/26/1976		Applied Car	
									 	Applied For Not Applicable	
2. Principal Place of Business 21				2a. Mailing Address 26				Certificate of Status Desired	□ \$8.75	5 Additional Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing		May Be	
City & State				_ 1=-1							
23			28	 - - - - - - - - - -				Yes No			
Zip		Country	-	lip .		ntry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No			
1811 WYCUFF DRIVE ORLANDO FL 32803 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									FL 85 Z	p Code g its registered as registered	
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent sign							ure required				
12. OFFICERS AND DIRECTORS 13.								ADDITIONS/CHANGES TO OFFIC			
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J		ALE DI PA		L. DELEIE				-	∟ Chang	e 🔲 Addition	
NAME WILKES, SHELBURN 4.21 STREET ADDRESS 1811 WYCH IFF DR 4.35											
	Principal Place I WYCLIFF I LANDO FL 3: Principal Pl Suite, Apt. : City & State Zip WILKES, 1811 WY ORLAND Pursuant t office or re agent. I ar GNATURE LE ME EET ADDRESS Y-ST-ZIP LE ME	Incipal Place of Busines I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Busin Suite, Apt. #, etc. City & State Zip 9. Name WILKES, SHELBUR 1811 WYCLIFF DRI ORLANDO FL 3280 Pursuant to the provis office or registered ac agent. I am familiar wi GNATURE Signature. hyped GONZAL SIGNATURE FME ME M	Incipal Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business Suite, Apt. #, etc. City & State Zip	Incipal Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business 2a. Mail Suite, Apt. W, etc. City & State Zip Country 2b Pursuant to the provisions of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of Sections 617.0502 and 617 office or registered agent and life if a gent agent agent and life if a gent agent agen	Incipel Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. City & State Zip City & State Zip Country Zip 2b. Name and Address of Current Registered Agent WILKES, SHELBURN 1811 WYCLIFF DRIVE ORLANDO FL 32803 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Status office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 617.0503, Fix GNATURE Signature hyped or printed name of registered agent and life if applicable OFFICERS AND DIRECTORS BET ADDRESS Y-ST-2P MCCANN, LOUIS S M.D. 1800 S.W. ARCHER RD. GAMESVILLE F VD WE KILPATRICK, TIMOTHY M.D. 320 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701 LE D DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Incipal Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2a. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State 2b. City & State 2c. City & State 2c. City & State 2c. City & State 2d. Country	Incipal Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business Za. Mailing Address Za. M	Incipal Place of Business I WYCLIFF DRIVE LANDO FL 32803 Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 20 20 Name and Address of Current Registered Agent 81 Name 82 Street Addres 83 Street Addres 84 City Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503 florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation agent. I am familiar applicable [Both Company of the familiar applicable (NOTE: Registered Agent	Inclopal Place of Business In WRCLIFF DRIVE LANDO FL 32809 Principal Place of Business Principal Place of Busines	Inclipal Place of Business I WYCUFF DRIVE P. D. BOX \$56594 City & State City & Sta	

63 STREET ADDRESS

CITY-ST-ZIP

HIALEAN FL

63 STREET ADDRESS

LOT Coll of Med., Path Dept

Gainesville, FI.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

THE CALL THE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

ORLANDO FL

DELAND FL

NIKOLAIDIS, E. T.

GONZALEZ, MARIO

1795 WHIPPOORWILL LANE

Wilkinson, Edward, M.D.

☐ Change

Change

☐ Addition

FILED

May 13 1998 8:00am

Secretary of State