2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# 735056

Entity Name: FLORIDA SOCIETY OF PATHOLOGISTS, INC.

Current Principal Place of Business:

207 BAYPOINT
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

207 BAYPOINT
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-6143123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREIDER, H. DAVID
207 BAYPOINT
NAPLES, FL 34103

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, MARIO S M.D.
Address: 2001 W. 68TH STREET
City-St-Zip: HIALEAH, FL

Title: P ( ) Delete
Name: GREIDER, H D
Address: 207 BAY POINT
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete
Name: LEVINE, S
Address: 3949 EVANS AVE
City-St-Zip: FT MYERS, FL 32701

Title: D ( ) Delete
Name: WILKINSON, E
Address: UF COLL OF MED, PATH DEPT
City-St-Zip: GAINESVILLE, FL

Title: ED ( ) Delete
Name: VERNON, STEPHEN
Address: 6640 SW 116TH ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, MARIO S M.D.
Address: 2001 W. 68TH STREET
City-St-Zip: HIALEAH, FL

Title: T (X) Change ( ) Addition
Name: GREIDER, H D
Address: 207 BAY POINT
City-St-Zip: NAPLES, FL

Title: D (X) Change ( ) Addition
Name: LEVINE, S
Address: 3949 EVANS AVE
City-St-Zip: FT MYERS, FL 32701

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H D GREIDER T 01/09/2004

Electronic Signature of Signing Officer or Director — Date