

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90347 021 ****61.25

DOCUMENT # 735056

1. Entity Name
FLORIDA SOCIETY OF PATHOLOGISTS, INC.



Principal Place of Business
BODKINMANAGEMENT & CONSULTING
2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

Mailing Address
BODKINMANAGEMENT & CONSULTING
2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
222 S Westmonte Dr

3. Mailing Address
222 S Westmonte Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 101

Ste 101

City & State

City & State

Altamonte Springs FL

Altamonte Springs FL

Zip
32714

Country
USA

Zip
32714

Country
USA

04082008 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-6143123

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODKIN, LARRY E.
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Name **Barbara FitzGerald Beatty**

Street Address (P.O. Box Number is Not Acceptable)
222 S Westmonte Dr #101

City **Altamonte Springs**

FL

Zip Code
32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Barbara FitzGerald Beatty, Executive Director**

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

(NOTE: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
GONZALEZ, MARIO S M.D.
2001 W. 68TH STREET
HIALEAH, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GREIDER, H D
207 BAY POINT
NAPLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
REY, MD, LUIS
3949 EVANS AVE
FT MYERS, FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GREGG, DR.
UF COLL OF MED, PATH DEPT
GAINESVILLE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
BODKIN, LARRY E.
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
Wheeler, Ross
601 East Rollins Street
Orlando Florida 32803 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Beatty, Barbara F
222 S Westmonte Dr #101
Altamonte Springs FL 32714 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara FitzGerald Beatty**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Beatty April 24, 2008 407 774-7880