


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90051 047 \*\*\*150.00

**DOCUMENT # F07000005894**

1. Entity Name  
**REDPATH INTEGRATED PATHOLOGY, INC.**




Principal Place of Business      Mailing Address  
**816 MIDDLE STREET**      **816 MIDDLE STREET**  
**PITTSBURGH, PA 15212**      **PITTSBURGH, PA 15212**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

400000-



01242008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-1422009**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICES COMPANY**  
**1207 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	MURPHY, BRIAN G	
STREET ADDRESS	500 N GULF ROAD, ST. 500	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DAVID S	
STREET ADDRESS	% 500 GRANT ST, 50TH FLOOR	
CITY-ST-ZIP	PITTSBURGH, PA 15219	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL BRADY, MARY	
STREET ADDRESS	816 MIDDLE STREET	
CITY-ST-ZIP	PITTSBURGH, PA 15212	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS DR.	
STREET ADDRESS	4185 STATE ROAD 16	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANDELIN, BARBRA	
STREET ADDRESS	1671 HUNTERS CIRCLE	
CITY-ST-ZIP	WEST CHESTER, PA 19380	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINHENZ, PETER	
STREET ADDRESS	180 E BROAD STREET, SUITE 1701	
CITY-ST-ZIP	COLUMBUS, OH 43215	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: Mary Del Brady      Date: 4-11-08      Daytime Phone #: 412-224-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR