

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005894

FILED
Mar 08, 2010
Secretary of State

Entity Name: REDPATH INTEGRATED PATHOLOGY, INC.

Current Principal Place of Business:

2515 LIBERTY AVENUE
PITTSBURGH, PA 15222

New Principal Place of Business:

Current Mailing Address:

2515 LIBERTY AVENUE
PITTSBURGH, PA 15222

New Mailing Address:

FEI Number: 20-1422009 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1207 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: MURPHY, BRIAN G
Address: 555 E LANCASTER AVE STE 520
City-St-Zip: RADNOR, PA 19087

Title: S
Name: SMITH, DAVID S
Address: 500 GRANT ST, 50TH FLOOR
City-St-Zip: PITTSBURGH, PA 15219

Title: D
Name: MYSLINSKI, MARK
Address: 2515 LIBERTY AVENUE
City-St-Zip: PITTSBURGH, PA 15222

Title: D
Name: SMITH, DENNIS DR.
Address: 4185 STATE ROAD 16
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D
Name: DAVIS, JACK
Address: 2515 LIBERTY AVENUE
City-St-Zip: PITTSBURGH, PA 15222

Title: D
Name: KLEINHENZ, PETER
Address: 180 E BROAD STREET, SUITE 1701
City-St-Zip: COLUMBUS, OH 43215

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK MYSLINSKI

PRES

03/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date