


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90167 012 \*\*\*\*61.25

**DOCUMENT # P18759**

1. Entity Name  
**THE AMERICAN BOARD OF PATHOLOGY RESEARCH FOUNDATION, INC.**



Principal Place of Business  
**4830 W. KENNEDY BLVD.  
SUITE 690  
TAMPA FL 33609-2571  
US**

Mailing Address  
**P.O. BOX 25915  
TAMPA FL 33622-5915  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2849264**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARTMANN, WILLIAM H  
4830 W. KENNEDY BLVD., SUITE 690  
TAMPA FL 33609**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>P</b> <b>SCHENKEN, JERALD R.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8303 DODGE ST.</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE NAME	<b>S</b> <b>ABELL, M.R.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1010 AMERICAN EAGLE BLVD APT 330</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE NAME	<b>T</b> <b>POWELL, DEBORAH E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3901 RAINBOW BLVD.</b>	
CITY-ST-ZIP	<b>KANSAS CITY KS 66160</b>	
TITLE NAME	<b>P</b> <b>TROXEL, DAVID B</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2540 EAST ST.</b>	
CITY-ST-ZIP	<b>CONCORD CA 94520</b>	
TITLE NAME	<b>EXVP</b> <b>HARTMANN, WILLIAM H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4830 WEST KENNEDY BLVD SUITE 690</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE NAME	<b>S</b> <b>BURKE, DESMOND M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>525 E. 68TH STREET, BX 79</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>STEPHEN D. ALLEN, M.D.</b>	
CITY-ST-ZIP	<b>550 NORTH UNIVERSITY BLVD. INDIANAPOLIS, IN 46202</b>	
TITLE NAME	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>JEFFREY MCCULLOUGH, MD</b>	
CITY-ST-ZIP	<b>420 DELAWARE STREET SE MINNEAPOLIS, MN 55455</b>	
TITLE NAME	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>DWIGHT K. OXLEY, MD</b>	
CITY-ST-ZIP	<b>550 NORTH HILLSIDE WICHITA, KS 67214</b>	

12. 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 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: \_\_\_\_\_ **3 F 603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)