

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0000317

04-03-2001 90080 031 ***150.00

DOCUMENT # P96000055160

1. Entity Name
BRADENTON PATHOLOGY, P.A.

Principal Place of Business 5105 MANATEE AVE W BRADENTON FL 34209	Mailing Address 5105 MANATEE AVE W BRADENTON FL 34209
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0681855	Applied For
	Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LAMBRECHT, WILLIAM G
 200 S ORANGE AVE
 SARASOTA FL 34236~~

Name
Victor G. Santiago
 Street Address (P.O. Box Number is Not Acceptable)
3119 Manatee Ave. W.
 City
Bradenton FL Zip Code
34205

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	SENTENEY, GARY
STREET ADDRESS	5105 MANATEE AVE WEST
CITY-ST-ZIP	BRADENTON FL 34209

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradenton Pathology, P.A.
STREET ADDRESS	P. O. Box 15079 New Address
CITY-ST-ZIP	Bradenton, FL 34280-5079

TITLE	S <input type="checkbox"/> Delete
NAME	YOUSMANS, GARY R
STREET ADDRESS	5105 MANATEE AVE WEST
CITY-ST-ZIP	BRADENTON FL 34209

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradenton Pathology, P.A.
STREET ADDRESS	P. O. Box 15709 New Address
CITY-ST-ZIP	Bradenton, FL 34280-5079

TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BROSHEARS, JOHN R
STREET ADDRESS	5105 MANATEE AVE W
CITY-ST-ZIP	BRADENTON FL 34209

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Senteney MD GARY SENTENEY 3-28-01 941 798-6176

CR2E034 (10/00)