

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90005 001 ***150.00

0311212121 AV

DOCUMENT # **P96000055160**

1. Entity Name
BRADENTON PATHOLOGY, P.A.

Principal Place of Business

Mailing Address

~~5105 MANATEE AVE W~~
~~BRADENTON FL 34209~~

~~5105 MANATEE AVE W~~
~~BRADENTON FL 34209~~



2. Principal Place of Business
2020 0.59th Street West

3. Mailing Address
P.O. Box 15079

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
65-068 1855

Applied For
 Not Applicable

Zip
34209

Country
USA

Zip
34280-5079

Country
USA

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

SANTIAGO, VICTOR G
3119 MANATEE AVE W.
BRADENTON FL 34205

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.

SIGNATURE

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

(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, 2002 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 checked="" type="checkbox"/> Delete
NAME	SENTENEY, GARY	
STREET ADDRESS	P.O. BOX 15079	→
CITY-ST-ZIP	BRADENTON FL 34280-5079	

TITLE	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mary E Senteney</i>	
STREET ADDRESS	<i>P.O. Box 15079</i>	
CITY-ST-ZIP	<i>BRADENTON, FL 34280-5079</i>	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YUMANS, GARY R	
STREET ADDRESS	P.O. BOX 15079	→
CITY-ST-ZIP	BRADENTON FL 34280-5079	

TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mary R Yumans</i>	
STREET ADDRESS	<i>P.O. Box 15079</i>	
CITY-ST-ZIP	<i>Bradenton, FL 34280-5079</i>	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 941 798-6176
 Date Daytime Phone #

CR2E034 (9/01)