

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055160

FILED
Feb 15, 2009
Secretary of State

Entity Name: BRADENTON PATHOLOGY, P.A.

Current Principal Place of Business:

2020 59TH STREET WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15079
BRADENTON, FL 342805079

New Mailing Address:

FEI Number: 65-0681855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA
1819 MAIN STREET
SUITE 610
SARASOTA, FL 34236 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: P () Delete
Name: SENTENEY, GARY E
Address: P.O. BOX 15079
City-St-Zip: BRADENTON, FL 342805079

Title: S () Delete
Name: YOUMANS, GARY R
Address: P.O. BOX 15709
City-St-Zip: BRADENTON, FL 342805079

Title: T () Delete
Name: MAYER, ZOLTAN
Address: PO BOX 15079
City-St-Zip: BRADENTON, FL 342805079

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY E SENTENEY, M.D.

P

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date