

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18759

FILED  
Feb 18, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4830 W. KENNEDY BLVD.  
SUITE 690  
TAMPA, FL 336092571 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25915  
TAMPA, FL 336225915 US

**New Mailing Address:**

**FEI Number:** 59-2849264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, BETSY  
4830 W. KENNEDY BLVD., SUITE 690  
TAMPA, FL 33609 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KEREN, DAVID F MD  
Address: 300 WEST TEXTILE ROAD  
City-St-Zip: ANN ARBOR, MI 48108

Title: VP  
Name: DIANE, DAVEY D MD  
Address: 6850 LAKE NONA BLVD., 4TH FLOOR  
City-St-Zip: ORLANDO, FL 32827

Title: T  
Name: PATRICK, LANTZ E MD  
Address: MEDICAL CENTER BLVD  
City-St-Zip: WINTON-SALEM, NC 27157

Title: EVP  
Name: BENNETT, BETSY D MD,PHD  
Address: 4830 WEST KENNEDY BLVD SUITE 690  
City-St-Zip: TAMPA, FL 33609

Title: S  
Name: WEISS, SHARON W MD  
Address: 1364 CLIFTON ROAD NE,#H-180  
City-St-Zip: ATLANTA, GA 30322

Title: PP  
Name: COLLIN, JOHN V MD  
Address: 2500 GRAND ROAD  
City-St-Zip: MOUNTAIN VIEW, CA 94042

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

SIGNATURE: BETSY D. BENNETT, MD,PHD

EVP

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date