2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P18759

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

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

Title: VP
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: T
Name: GRIMES, MARGARET M MD,M.ED
Address: 1101 E. MARSHALL ST., SANGER 5-001
City-St-Zip: RICHMOND, VA 23298

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, M.D., PHD EVP 01/09/2012

Electronic Signature of Signing Officer or Director — Date