

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735056

**Entity Name:** FLORIDA SOCIETY OF PATHOLOGISTS, INC.**Current Principal Place of Business:**6816 SOUTHPOINT PARKWAY  
SUITE 1000  
JACKSONVILLE, FL 32216**Current Mailing Address:**6816 SOUTHPOINT PARKWAY  
SUITE 1000  
JACKSONVILLE, FL 32216 US**FEI Number:** 59-6143123**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEYMOUR, CHRISTOPHER MBA  
6816 SOUTHPOINT PARKWAY  
SUITE 1000  
JACKSONVILLE, FL 32216 US*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:** CHRISTOPHER SEYMOUR

03/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	NEAL, MARGARET MD
Address	3813 BOBBIN BROOK CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	PRESIDENT-ELECT
Name	MARTINEZ, ANTONIO MD
Address	816 WALLACE ST
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	LEVITT, MORTON MD
Address	599 SW 16 ST
City-State-Zip:	BOCA RATON FL 33432-7223

Title	SECRETARY
Name	ZHAI, QIHUI MD
Address	672 LAKE STONE CIRCLE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	TREASURER
Name	MCCALL, JANICE MD
Address	1211 STONECUTTER DR, UNIT 205
City-State-Zip:	CELEBRATION FL 34747

Title	EXECUTIVE DIRECTOR
Name	SEYMOUR, CHRISTOPHER MBA
Address	6816 SOUTHPOINT PARKWAY SUITE 1000
City-State-Zip:	JACKSONVILLE FL 32216

*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:** CHRISTOPHER SEYMOUR

MBA

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date