

**2019 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:**

CORRALES, ERIN  
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:** ERIN CORRALES

04/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            EXECUTIVE DIRECTOR  
Name            CORRALES, ERIN  
Address        6816 SOUTHPOINT PARKWAY  
                 SUITE 1000  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            BUI, MARILYN MD  
Address        15505 THORNHURST CT.  
City-State-Zip: TAMPA FL 33647

*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:** ERIN CORRALES

ED

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date