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

ED

### SIGNATURE: ERIN CORRALES

Electronic Signature of Signing Officer/Director Detail

### 2023 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

#### 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	E ERIN CORRALES			03/16/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	EXECUTIVE DIRECTOR	Title	PRESIDENT ELECT	
Name	CORRALES, ERIN	Name	BUI, MARILYN MD	
Address	6816 SOUTHPOINT PARKWAY	Address	15505 THORNHURST CT.	
	JITE 1000	City-State-Zip:	TAMPA FL 33647	
City-State-Zip:	JACKSONVILLE FL 32216	-		
Title	TREASURER			
Name	PATEL, VATSAL DR.			
Address	6340 COUNT FLEET TRAIL			
City-State-Zip:	TALLAHASSEE FL 32309			

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.

# FILED Mar 16, 2023 Secretary of State 2563571067CC

Certificate of Status Desired: No

03/16/2023 Date