

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464273

Entity Name: COMPREHENSIVE PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8900 S.W. 88TH ST.
MIAMI, FL 33176

Current Mailing Address:

C/O DONALD T. COHEN CPA
P.O. BOX 812170
BOCA RATON, FL 33481-2170

FEI Number: 59-1559063

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOULD, EDWIN W
8900 SW 88TH ST
MIAMI, FL 33176 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GOULD, EDWIN
Address 8900 SW 88TH ST
City-State-Zip: MIAMI FL 33176

Title SD
Name RUBIN, DANIEL
Address 8900 SW 88 ST
City-State-Zip: MIAMI FL 33176

Title ASD
Name RENSHAW, ANDREW
Address 8900 SW 88 ST
City-State-Zip: MIAMI FL 33176

Title ASD
Name REALE, DOUGLAS O
Address 8900 SW 88 ST
City-State-Zip: MIAMI FL 33176

Title ASD
Name NGUYEN, MICHAELA ASD
Address 8900 S.W. 88TH ST.
City-State-Zip: MIAMI FL 33176

Title ASD
Name MENES, MANUEL
Address 8900 S.W. 88TH ST.
City-State-Zip: MIAMI FL 33176

Title ASD
Name SHAH, RAJSHRI N.
Address 8900 S.W. 88TH ST.
City-State-Zip: MIAMI FL 33176

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

SIGNATURE: EDWIN W. GOULD

PD

02/21/2024

Electronic Signature of Signing Officer/Director Detail

Date