

**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