

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602221

Entity Name: ST. VINCENTS PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

ST VINCENTS HOSPITAL-LAB
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

Current Mailing Address:

ST VINCENTS HOSPITAL-LAB
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

FEI Number: 59-1295228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTRELL, BRETT
ST. VINCENTS HOSPITAL-LAB
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 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 VPD
Name RAMOS, RICARDO
Address 9047 KINGS COLONY RD
City-State-Zip: JACKSONVILLE FL 32257

Title PD
Name CANTRELL, BRETT
Address 4844 APACHE AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title STD
Name DESTEPHANO, DON B
Address 4420 ORTEGA FOREST DR
City-State-Zip: JACKSONVILLE FL 32210

Title VPD
Name BERNSTEIN, ANNE
Address 66 28TH AVENUE S
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name LEHMAN, MICHAEL
Address 3464 BEAUCLERC ROAD
City-State-Zip: JACKSONVILLE FL 32257

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: DON B DESTEPHANO

TREASURER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date