

**2016 FLORIDA PROFIT CORPORATION AMENDED 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 32257Title STD  
Name DESTEPHANO, DON B  
Address 4420 ORTEGA FOREST DR  
City-State-Zip: JACKSONVILLE FL 32210Title VP  
Name LEHMAN, MICHAEL  
Address 3464 BEAUCLERC ROAD  
City-State-Zip: JACKSONVILLE FL 32257Title PD  
Name CANTRELL, BRETT  
Address 4844 APACHE AVE.  
City-State-Zip: JACKSONVILLE FL 32205Title VPD  
Name BERNSTEIN, ANNE  
Address 66 28TH AVENUE S  
City-State-Zip: JACKSONVILLE BEACH FL 32250Title VP  
Name JONES, ARTHUR G  
Address 4903 APACHE AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

*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****08/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date