

2015 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 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 32250

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****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date