

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602221

Entity Name: ST. VINCENTS PATHOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204**Current Mailing Address:**1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 US**FEI Number: 59-1295228****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANTRELL, BRETT
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	STD
Name	DESTEPHANO, DON B
Address	4420 ORTEGA FOREST DR
City-State-Zip:	JACKSONVILLE FL 32210

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

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

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

Title	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****01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date