

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000055160

**Entity Name:** BRADENTON PATHOLOGY, P.A.

**Current Principal Place of Business:**

2020 59TH STREET WEST  
BRADENTON, FL 34209

**Current Mailing Address:**

P.O. BOX 15079  
BRADENTON, FL 34280-5079

**FEI Number: 65-0681855**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 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 P  
Name MAYER, ZOLTAN  
Address P.O. BOX 15079  
City-State-Zip: BRADENTON FL 34280-5079

Title S  
Name YOUMANS, GARY R  
Address P.O. BOX 15079  
City-State-Zip: BRADENTON FL 34280-5079

Title T  
Name BROSHEARS, JOHN  
Address PO BOX 15079  
City-State-Zip: BRADENTON FL 34280-5079

*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: JOHN R BROSHEARS**

**TREASURER**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date