

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18759

**Entity Name:** THE AMERICAN BOARD OF PATHOLOGY RESEARCH  
FOUNDATION, INC.**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**5792472278CC****Current Principal Place of Business:**4830 W. KENNEDY BLVD.  
SUITE 690  
TAMPA, FL 33609-2571**Current Mailing Address:**ONE URBAN CENTRE  
4830 W. KENNEDY BLVD. SUITE 690  
TAMPA, FL 33609 US**FEI Number: 59-2849264****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PROCOP, GARY W M.D.  
4830 W. KENNEDY BLVD., SUITE 690  
TAMPA, FL 33609 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: GARY W PROCOP, MD****01/31/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	PROCOP, GARY W M.D.
Address	4830 WEST KENNEDY BLVD SUITE 690
City-State-Zip:	TAMPA FL 33609

Title	VP
Name	GHOFRANI, MOHIEDEAN DR.
Address	PEACEHEALTH SOUTHWEST MEDICAL CENTER P.O. BOX 873008
City-State-Zip:	VANCOUVER WA 98687

Title	SECRETARY
Name	BEAVIS, KATHLEEN G DR.
Address	PROF. PATHOLOGY, MED DIRECTOR CLIN. MICRO AND IMMUN LABS 5841 S. MARYLAND AVE UNIV CHICAGO, MC001,TW050M
City-State-Zip:	CHICAGO IL 60637

Title	PAST PRESIDENT
Name	NAYAR, RITU DR.
Address	NORTHWESTERN MEMORIAL HOSPITAL GALTER PAVILION, ROOM 7-132-B 251 EAST HURON STREET
City-State-Zip:	CHICAGO IL 60611

Title	PRESIDENT
Name	SAMPSON, BARBARA A DR.
Address	ICAHN SCHOOL OF MEDICINE, MOUNT SINAI, DEPARTMENT OF PATHOLOGY 1 GUSTAVE L. LEVY PLACE
City-State-Zip:	NEW YORK NY 10029-6574

Title	TREASURER
Name	MARK, FUNG K DR.
Address	UNIV VERMONT MED CTR.; LARNER COLLEGE OF MED. 111 COLCHESTER AVENUE
City-State-Zip:	BURLINGTON VT 05401

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY W. PROCOP, MD****CEO****01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date