

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18759

Entity Name: THE AMERICAN BOARD OF PATHOLOGY RESEARCH
FOUNDATION, INC.**FILED**
Jan 12, 2017
Secretary of State
CC2514580473**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:**JOHNSON, REBECCA L. 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: REBECCA L. JOHNSON, M.D.****01/12/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IPP
Name PROCOP, GARY W. M.D.
Address CLEVELAND CLINIC/L2-2
9500 EUCLID AVENUE
City-State-Zip: CLEVELAND OH 44195**Title** CEO
Name JOHNSON, REBECCA L M.D.
Address 4830 WEST KENNEDY BLVD SUITE
690
City-State-Zip: TAMPA FL 33609**Title** PRESIDENT
Name STUBBS, JAMES R DR.
Address DEPARTMENT OF PATHOLOGY,MAYO
CLINIC, ROCHESTER
200 FIRST STREET, SW HILTON#270-
A
City-State-Zip: ROCHESTER MN 55905**Title** VP
Name KAUL, KAREN L. DR.
Address DEPARTMENT OF PATHOLOGY
EVANSTON HOSPITAL 2650 RIDGE
AVE
City-State-Zip: EVANSTON IL 60201**Title** SECRETARY
Name SWERDLOW, STEVEN H DR.
Address DIRECTOR , DIVISION OF
HEMATOPATHOLOGY
UPMC HEALTH SYSTEM-UPMC
PRESBYTERIAN 200 LOTHROP
STREET-ROOM G-334
City-State-Zip: PITTSBURGH PA 15213-2582**Title** TREASURER
Name FUHRMAN, SUSAN A DR.
Address ONE URBAN CENTRE
4830 W. KENNEDY BLVD. SUITE 690
City-State-Zip: TAMPA FL 33609

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: REBECCA L JOHNSON MD**CEO****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date