

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002097

**Entity Name:** PIEDMONT PATHOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

1899 TATE BLVD. SE  
SUITE 1105  
HICKORY, NC 28602

**Current Mailing Address:**

1899 TATE BLVD. SE  
SUITE 1105  
HICKORY, NC 28602

**FEI Number:** 56-0946593

**Certificate of Status Desired:** No

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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            PRESIDENT  
Name            VOGEL, JOSEPH VMD  
Address        1899 TATE BLVD. SE #1105  
City-State-Zip: HICKORY NC 28602

Title            S  
Name            MATHIS, KAREN S  
Address        1899 TATE BLVD. SE #1105  
City-State-Zip: HICKORY NC 28602

*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:** KAREN MATHIS

**SECRETARY/PRACTICE  
ADMINISTRATOR**

**01/14/2020**

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

\_\_\_\_\_  
Date