


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 050 ***150.00

DOCUMENT # 600751 1. Entity Name PALM BEACH PATHOLOGY, P.A.					
Principal Place of Business 300 BUTLER STREET WEST PALM BEACH, FL 33407 US			Mailing Address 300 BUTLER STREET WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1231653				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONOFRY, GARY N 300 BUTLER STREET WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABIS, DAVID MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ABIS, DAVID MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBER, MICHAEL J MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVE, HARVEY MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOFTON, STEVEN A MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAREN, PAUL D MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLTON, THOMAS A MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JAMES M MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SARA, ALAN S MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARA, ALAN S MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZHANG, TAO MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, SANFORD A JR MD 300 BUTLER STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GARY N. Onofry			01/16/2007 561/659-0770 <small>Date Daytime Phone #</small>		

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600751

1. Entity Name
PALM BEACH PATHOLOGY, P.A.



ATTACHMENT

Principal Place of Business
**300 BUTLER STREET
WEST PALM BEACH, FL 33407 US**

Mailing Address
**300 BUTLER STREET
WEST PALM BEACH, FL 33407 US**

40005103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1231653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ONOFRY, GARY N
300 BUTLER STREET
WEST PALM BEACH, FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ABIS, DAVID MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D ☐ Delete
NAME IMBER, MICHAEL J MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D ☐ Delete
NAME LOFTON, STEVEN A MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE SD ☐ Delete
NAME BOLTON, THOMAS A MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE CD ☐ Delete
NAME SARA, ALAN S MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE TD ☐ Delete
NAME ZHANG, TAO MD
STREET ADDRESS 300 BUTLER ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME PHILLIPS, MARK G MD
STREET ADDRESS 300 BUTLER STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D ☐ Change ☒ Addition
NAME WEISS, GARY A MD
STREET ADDRESS 300 BUTLER STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE M ☐ Change ☒ Addition
NAME ONOFRY, GARY N
STREET ADDRESS 300 BUTLER STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2007
Date

561/659-0770
Daytime Phone #