

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90014 020 \*\*\*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  
**PO BOX 4117  
WEST PALM BEACH, FL 33402-4117**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1231653**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BEAN, DAVID J  
300 BUTLER STREET  
WEST PALM BEACH, FL 33407**

## 7. Name and Address of New Registered Agent

Name **Norma Jean Ashley**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 Butler Street**  
City **West Palm Beach** **FL** Zip Code **33407**

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 *Norma Jean Ashley*  
Signature, typed or printed name of registered agent and title if applicable

01/16/2008  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ABIS, DAVID MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete
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 LOFTON, STEVEN A MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete
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	PD SARA, ALAN S MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZHANG, TAO MD 300 BUTLER ST WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAREN MD, PAUL D 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 COVE MD, HARVEY 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 PHILLIPS MD, MARK G 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 WEISS MD, GARY A 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 HAYES MD, JAMES M 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 MULLEN MD, SANFORD A JR 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: *Adrian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2008

561/659-0770

Date

Daytime Phone #