

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 601767

1. Entity Name
CLEARWATER PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business

**323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER, FL 34616**

Mailing Address

**323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER, FL 34616**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1289552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIMAN, BEN B.
MORTON PLANT HOSPITAL
323 JEFFORDS STREET
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000087334
03/15/04-80007-007 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HARRIMAN, BEN B. 323 JEFFORDS ST CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST PIEHL, MICHAEL R. 323 JEFFORDS ST CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SCHAEFER, GEORGE D. 323 JEFFORDS ST CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SCHROER, KENNETH R 323 JEFFORDS ST CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Piehl **MICHAEL PIEHL, M.D.**

3/11/04

727-462-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #