

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 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



02282005 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

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000261274
03/14/05-80004-009 150.00

10. OFFICERS AND DIRECTORS

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

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/5

Date

727-462-7062

Daytime Phone #