

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90038 028 \*\*\*150.00

**DOCUMENT # 601775**

1. Entity Name  
PENSACOLA PATHOLOGISTS, P.A.



Principal Place of Business  
5149 NORTH 9TH AVENUE  
SUITE 122  
PENSACOLA, FL 32504

Mailing Address  
P.O. BOX 10450  
PENSACOLA, FL 32524

**40014097**



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1278497

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FARMER, CHARLES E M.D.  
5149 NORTH 9TH AVENUE  
SUITE 122  
PENSACOLA, FL 32504

**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 reinstating)

DATE

**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	VD
NAME	FARMER, CHARLES E
STREET ADDRESS	5149 NORTH 9TH AVENUE, SUITE 122
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	VD
NAME	THOMAS, JAMES
STREET ADDRESS	5149 N. 9TH AVE., STE. 122
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	V
NAME	BENSON, ELIZABETH
STREET ADDRESS	5149 N. 9TH AVE., STE. 122
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	V
NAME	NGUYEN, CHI
STREET ADDRESS	5149 N. 9TH AVE., STE. 122
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	President / Director
NAME	Gary D. Cumberland
STREET ADDRESS	5149 N. 9th Ave., Ste 122
CITY-ST-ZIP	Pensacola, FL 32504
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 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

Gary D. Cumberland

Date

Daytime Phone #

01/24/08 (850) 416-7780