

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601775

FILED
Jan 11, 2012
Secretary of State

Entity Name: PENSACOLA PATHOLOGISTS, P.A.

Current Principal Place of Business:

5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-1278497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FARMER, CHARLES E MD
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: V
Name: BENSON, ELIZABETH W MD
Address: 5149 N. 9TH AVE., STE 122
City-St-Zip: PENSACOLA, FL 32504

Title: VD
Name: NGUYEN, CHI K MD
Address: 5149 N. 9TH AVE., STE. 122
City-St-Zip: PENSACOLA, FL 32504

Title: VD
Name: MAYFIELD, CHARLES A MD
Address: 5149 N 9TH AVE, STE 122
City-St-Zip: PENSACOLA, FL 32504

Title: V
Name: HILLIARD, NICHOLAUS J MD
Address: 5149 N 9TH AVE, STE 122
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES E FARMER

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date