

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 602221

1. Entity Name
ST. VINCENTS PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business
**ST VINCENTS HOSPITAL-LAB
JACKSONVILLE, FL 32204**

Mailing Address
**1800 BARRS STREET
ST. VINCENTS HOSPITAL
JACKSONVILLE, FL 32204**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1295228

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VITSKY, BRIAN
1800 BARRS STREET
JACKSONVILLE, FL 32203**

**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]

Brian Vitsky

Jan 21, 2004

Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
RAMOS, RICARDO
9047 KINGS COLONY RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
CANTRELL, BRETT
4844 APACHE AVE.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VITSKY, BRIAN
3605 HOLLY GROVE AVE.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
DESTEPHANO, DON B
4420 ORTEGA FOREST DR
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

000000011298
01/23/04-50030-004 150.00

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

Brian Vitsky

Jan 21, 2004

904-308-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #