2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State
01-16-2008 90018 004 ***150.00

DOCUMENT # 602221

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

Renamed
40004523

Principal Place of Business	Mailing Address
ST VINCENTS HOSPITAL-LAB JACKSONVILLE, FL 32204	~~1800 BARRS STREET~~ 1 Shircliff Way ST. VINCENTS HOSPITAL JACKSONVILLE, FL 32204

01112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
St. Vincents Hospital - LAB	1 Shircliff Way
Suite, Apt. #, etc. 1 Shircliff Way	Suite, Apt. #, etc. St. Vincents Hospital Lab
City & State JACKSONVILLE	City & State Jacksonville, FL
Zip 32204 Country	Zip 32204 Country

4. FEI Number
59-1295228
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITSKY, BRIAN ~~1800 BARRS STREET~~ JACKSONVILLE, FL 32203 (Street Renamed- not new physical location)	Same agent Address change ata Right
	Name: Vitsky, Brian
	Street Address (P.O. Box Number is Not Acceptable): St. Vincents Hospital- Lab 1 Shircliff Way
	City: JACKSONVILLE FL Zip Code: 32204

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 H. VITSKY 1/14/2008
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RAMOS, RICARDO 9047 KINGS COLONY RD JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CANTRELL, BRETT. 4844 APACHE AVE. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VITSKY, BRIAN. 3605 HOLLY GROVE AVE. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DESTEPHANO, DON B 4420 ORTEGA FOREST DR JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] BRIAN H VITSKY 1/14/2008 904-358-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #