

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602221

FILED  
Jun 24, 2009  
Secretary of State

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

## Current Principal Place of Business:

ST VINCENTS HOSPITAL-LAB  
1 SHIROLIFF WAY  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

ST VINCENTS HOSPITAL-LAB  
1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

## Current Mailing Address:

ST VINCENTS HOSPITAL-LAB  
1 SHIROLIFF WAY  
JACKSONVILLE, FL 32204

## New Mailing Address:

ST VINCENTS HOSPITAL-LAB  
1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

FEI Number: 59-1295228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VITSKY, BRIAN  
ST. VINCENTS HOSPITAL-LAB  
1 SHIRLOFF WAY  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

VITSKY, BRIAN  
ST. VINCENTS HOSPITAL-LAB  
1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204 US

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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: RAMOS, RICARDO  
Address: 9047 KINGS COLONY RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD ( ) Delete  
Name: CANTRELL, BRETT.  
Address: 4844 APACHE AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: VITSKY, BRIAN.  
Address: 3605 HOLLY GROVE AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete  
Name: DESTEPHANO, DON B  
Address: 4420 ORTEGA FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CANTRELL, BRETT  
Address: 4844 APACHE AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: PD (X) Change ( ) Addition  
Name: VITSKY, BRIAN  
Address: 3605 HOLLY GROVE AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: BERNSTEIN, ANNE  
Address: 66 28TH AVENUE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN VITSKY

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date