

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602221

FILED
Feb 25, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DON B DESTEPHANO

STD

02/25/2010

Electronic Signature of Signing Officer or Director

Date