

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90175 008 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1295228**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **PATTERSON, MATTHEW C.**
STREET ADDRESS **4708 LONG BOW RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SHORE, GEORGE.**
STREET ADDRESS **1321 RIVER PLACE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 904-308-3803
Date Daytime Phone #

CR2E034 (10/02)