


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90090 027 ****61.25

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DOCUMENT # 735056 1. Entity Name FLORIDA SOCIETY OF Pathologists, INC.			
Principal Place of Business 207 BAYPOINT NAPLES, FL 34103		Mailing Address 207 BAYPOINT NAPLES, FL 34103	
2. Principal Place of Business Bodkin Management + Consulting Suite, Apt. #, etc. 2563 Capital Medical Blvd		3. Mailing Address 2563 Capital Medical Blvd Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
4. FEI Number 59-6143123		Applied For <input type="checkbox"/> Not Applicable	
Zip 32308		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREIDER, H. DAVID 207 BAYPOINT NAPLES, FL 34103		7. Name and Address of New Registered Agent Name LARRY E. BODKIN Street Address (P.O. Box Number is Not Acceptable) 2563 Capital Medical Blvd City Tallahassee FL Zip Code 32308	
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: <u>L. E. Bodkin, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MARIO S M.D. 2001 W. 68TH STREET HIALEAH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREIDER, H D 207 BAY POINT NAPLES, FL	<input type="checkbox"/> Delete	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, S 3949 EVANS AVE FT MYERS, FL 32701	<input type="checkbox"/> Delete	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, E UF COLL OF MED, PATH DEPT GAINESVILLE, FL	<input type="checkbox"/> Delete	VD Luis Rey M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED VERNON, STEPHEN 6640 SW 116TH ST MIAMI, FL 33156	<input type="checkbox"/> Delete	PED Dr. Gregg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	ED LARRY E. BODKIN 2563 Capital Medical Blvd Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>L. E. Bodkin, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			