

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 735056</b> 1. Entity Name <b>FLORIDA SOCIETY OF PATHOLOGISTS, INC.</b>					
Principal Place of Business <b>BODKINMANAGEMENT &amp; CONSULTING 2563 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>			Mailing Address <b>BODKINMANAGEMENT &amp; CONSULTING 2563 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>		
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 <b>59-6143123</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>BODKIN, LARRY E. 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GONZALEZ, MARIO S M.D. 2001 W. 68TH STREET HIALEAH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GREIDER, H D 207 BAY POINT NAPLES, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075092277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 05/23/06--01007--014 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>REY,MD, LUIS 3949 EVANS AVE FT MYERS, FL 32701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <b>GREGG, DR. UF COLL OF MED, PATH DEPT GAINESVILLE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <b>BODKIN, LARRY E. 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b> <i>L E Bodkin</i>			Date: <b>4-30-06</b>		Daytime Phone #: <b>850-531-8380</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #