

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735056

FILED
Apr 23, 2007
Secretary of State

Entity Name: FLORIDA SOCIETY OF PATHOLOGISTS, INC.

Current Principal Place of Business:

BODKINMANAGEMENT & CONSULTING
2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

BODKINMANAGEMENT & CONSULTING
2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-6143123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODKIN, LARRY E.
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: GONZALEZ, MARIO S M.D.
Address: 2001 W. 68TH STREET
City-St-Zip: HIALEAH, FL

Title: TD () Delete
Name: GREIDER, H D
Address: 207 BAY POINT
City-St-Zip: NAPLES, FL

Title: PED () Delete
Name: REY,MD, LUIS
Address: 3949 EVANS AVE
City-St-Zip: FT MYERS, FL 32701

Title: PD () Delete
Name: GREGG, DR.
Address: UF COLL OF MED, PATH DEPT
City-St-Zip: GAINESVILLE, FL

Title: ED () Delete
Name: BODKIN, LARRY E.
Address: 2563 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. D. GREIDER

TD

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date