


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90347 021 ****61.25

DOCUMENT # 735056

1. Entity Name
 FLORIDA SOCIETY OF PATHOLOGISTS, INC.



Principal Place of Business
BODKINMANAGEMENT & CONSULTING
 2563 CAPITAL MEDICAL BLVD.
 TALLAHASSEE, FL 32308

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

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2. Principal Place of Business - No P.O. Box #
222 S Westmonte Dr

3. Mailing Address
222 S Westmonte Drive

Suite, Apt. #, etc.
Ste 101

04082008 Chg-NP CR2E037 (12/06)

City & State
Altamonte Springs FL

4. FEI Number
59-6143123

Applied For
 Not Applicable

Zip
32714

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Barbara FitzGerald Beatty

Street Address (P.O. Box Number is Not Acceptable)
222 S Westmonte Dr #101

City
Altamonte Springs FL Zip Code
32714

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 **Barbara FitzGerald Beatty, Executive Director** *Barbara Beatty* **April 24, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD GONZALEZ, MARIO S M.D. 2001 W. 68TH STREET HIALEAH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREIDER, H D 207 BAY POINT NAPLES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED REY, MD, LUIS 3949 EVANS AVE FT MYERS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, DR. UF COLL OF MED, PATH DEPT GAINESVILLE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BODKIN, LARRY E. 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Wheeler, Ross 601 East Rollins Street Orlando Florida 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: **Barbara FitzGerald Beatty** *Barbara Beatty* **April 24, 2008** **407 174-7880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #