

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735056

FILED
Mar 18, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF PATHOLOGISTS, INC.

Current Principal Place of Business:

222 S WESTMONTE DR
STE 101
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

222 S WESTMONTE DR
STE 101
ALTAMONTE SPRINGS, FL 32714

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:

FITZGERALD BEATTY, BARBARA
222 S WESTMONTE DR # 101
ALTAMONTE SPRINGS, FL 32714 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: TD () Delete
Name: GREIDER, H D
Address: 207 BAY POINT
City-St-Zip: NAPLES, FL

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

Title: PD () Delete
Name: WHEELER, ROSS
Address: 601 EAST ROLLINS ST
City-St-Zip: ORLANDO, FL 32803

Title: ED () Delete
Name: BEATTY, BARBARA F
Address: 222 S. WESTMONTE DR # 11
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GREIDER, H D
Address: 207 BAY POINT
City-St-Zip: NAPLES, FL 34103 US

Title: PED (X) Change () Addition
Name: BRITO, JR, MIGUEL
Address: 800 MEADOWS RD
City-St-Zip: BOCA RATON, FL 33486 US

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

Title: ED (X) Change () Addition
Name: BEATTY, BARBARA F
Address: 222 S. WESTMONTE DR #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: BARBARA BEATTY

ED

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date