

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735056

FILED  
Mar 26, 2010  
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  
Name: GREIDER, H D  
Address: 207 BAY POINT  
City-St-Zip: NAPLES, FL 34103 US

Title: PED  
Name: MCCALL, JANICE B  
Address: 5755 HOOVER BLVD  
City-St-Zip: TAMPA, FL 33634 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA F BEATTY

ED

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date