

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735056

FILED
Mar 28, 2011
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: PD
Name: MCCALL, JANICE B
Address: 5755 HOOVER BLVD
City-St-Zip: TAMPA, FL 33634 US

Title: PED
Name: CANTRELL, BRETT B
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

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

03/28/2011

Electronic Signature of Signing Officer or Director

Date