

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90170 046 ****61.25

DOCUMENT # 737601

1. Corporation Name

GULF COAST PATHOLOGY SOCIETY, INC.

Principal Place of Business

% CHARLES F. MCCONNELL
5151 NORTH 9TH AVE
PENSACOLA FL 32504

Mailing Address

% CHARLES F. MCCONNELL
5151 NORTH 9TH AVE
PENSACOLA FL 32504



2. Principal Place of Business

21 % CHARLES E. FARMER

Suite, Apt. #, etc.

22 5151 N. 9TH AVE.

City & State

23 PENSACOLA FL

Zip

24 32504

Country

25 ESCAMBIA

2a. Mailing Address

26 % CHARLES E. FARMER

Suite, Apt. #, etc.

27 5151 N. 9TH AVE

City & State

28 PENSACOLA FL

Zip

29 32504

Country

30 ESCAMBIA

3. Date Incorporated or Qualified

12/21/1976

4. FEI Number

59-1810089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCONNELL, CHARLES F.
5151 NORTH 9TH AVE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

CHARLES E. FARMER

82 Street Address (P.O. Box Number is Not Acceptable)

83 5151 N. 9TH AVE

84 City

PENSACOLA,

FL

85 Zip Code

32504

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles Farmer Sec/Treas 5/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BELL, WILLIAM R.
STREET ADDRESS 5151 N. 9TH AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE SD ☒ DELETE
NAME MCCONNELL, CHARLES
STREET ADDRESS 5151 N. 9TH AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME FARMER, CHARLES MD
STREET ADDRESS 5151 N. 9TH AVE
CITY-ST-ZIP PENSACOLA FL

TITLE MD ☐ DELETE
NAME HARVARD, E STEVEN
STREET ADDRESS 5151 N NINTH AVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D DAVID P. NICHOLSON, M.D. ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 5151 N. 9TH AVE
1.4 CITY-ST-ZIP PENSACOLA, FL 32504

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Farmer Sec/Treas 5/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0077811