


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737601</b> 1. Entity Name GULF COAST PATHOLOGY SOCIETY, INC.	
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03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1810089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FARMER, CHARLES E  
5151 NORTH 9TH AVE  
PENSACOLA, FL 32504

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000088655  
03/15/04-80060-008 61.25

**10. OFFICERS AND DIRECTORS**

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

TITLE D  
NAME CUMBERLAND, GARY D  
STREET ADDRESS 5151 N 9TH AVE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D  
NAME FROST, JUDY D  
STREET ADDRESS 5151 N. 9TH AVENUE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CHARLES E. FARMER, DIRECTOR**

3/15/04

(850) 416-6484