


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737601</b>	
1. Entity Name GULF COAST PATHOLOGY SOCIETY, INC.	

Principal Place of Business	Mailing Address
% CHARLES E FARMER 5151 NORTH 9TH AVE PENSACOLA, FL 32504	% CHARLES E FARMER P O BOX 10450 PENSACOLA, FL 32524

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent
FARMER, CHARLES E 5151 NORTH 9TH AVE PENSACOLA, FL 32504

**DO NOT WRITE  
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, CHARLES MD 5151 N. 9TH AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMBERLAND, GARY D 5151 N 9TH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, JUDY D 5151 N. 9TH AVENUE PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80049-022 61.25

**DO NOT WRITE  
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12. 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 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 like empowered.

SIGNATURE: _____	Date _____	Daytime Phone # _____
CHARLES FARMER, MD		