2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # 737601 1. Entity Name GULF COAST PATHOLOGY SOCIETY, INC.									02-20	-2006	90029	029 ****	61.25
Principal Place of Business % CHARLES E FARMER 5151 NORTH 9TH AVE PENSACOLA, FL 32504			% CH. P O B	Mailing Address % CHARLES E FARMER P O BOX 10450 PENSACOLA, FL 32524				! !!!! !!! {!!!					
2. Principal Place of Business				3. Mailing Address					[EH 81811 81811 811	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				02072006	Chg-NP		CR2E0	37 (11/05)	
City & State			City	City & State				4. FEI Numbe 59-181					pplied For ot Applicable
Zip	p Country		Zip	Zip		ntry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of	New Re	gistered	Agent	
FARMER, 5151 NOR	TH 9TH A	VE				Name Street Add	dress (F	P.O. Box Numbe	er is Not Acc	eptable)			
PENSAÇO	LA, FL 3	2504											
, i		\vec{p}									FL		
	named entil	ty submits this statement tered agent.	for the purpo	ose of changing its	s registere	ed office or re	egistere	ed agent, or bo	th, in the Sta	te of Flori	ida. I am	familiar with	, and accept
i novembe		<i>C</i>											
SIGNATURÉ .													
•	Signature, types	d or printed name of registered age	nt and title if appl	icable. (NO	TE: Registered	d Agent signature	reduked	when reinstating)			DATE		
•′	Filing Fe	e is \$61.25 🕠 🛫	rit and title if appl	9. Election Ca Trust Fund	mpaign F	inancing _		\$5.00 May B Added to Fees	Se .		ke chec	k payable t	
10.	Filing Fe	e is \$61.25 🕠 🛫	٠,	9. Election Ca	mpaign F	inancing _]	\$5.00 May B		Floric	ke chec la Depa	rtment of S	State
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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 cath; that I am an officer or director of the corporation or the receiver of trustoe-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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #

SIGNATURE:

CHARLES E. FARMER