

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 737601

1. Entity Name
GULF COAST PATHOLOGY SOCIETY, INC.



Principal Place of Business
**% CHARLES E FARMER
5151 NORTH 9TH AVE
PENSACOLA, FL 32504**

Mailing Address
**% CHARLES E FARMER
P O BOX 10450
PENSACOLA, FL 32524**



01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 BENSON, ELIZABETH W 5151 N 9TH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES R 5151 N 9TH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, CHI K 5151 N 9TH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000809236
02/08/08-80015-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E. Farmer

01/28/08

(850) 416-1780