2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 737601

Entity Name: GULF COAST PATHOLOGY SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1810089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARMER, CHARLES MD
Address: 5151 N. 9TH AVE
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: CUMBERLAND, GARY D
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: BENSON, ELIZABETH W
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: THOMAS, JAMES R
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: NGUYEN, CHI K
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FARMER, CHARLES E MD
Address: 5151 N. 9TH AVE
City-St-Zip: PENSACOLA, FL

Title: D (X) Change ( ) Addition
Name: MAYFIELD, CHARLES A MD
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Change ( ) Addition
Name: BENSON, ELIZABETH W MD
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Change ( ) Addition
Name: THOMAS, JAMES R MD
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Change ( ) Addition
Name: NGUYEN, CHI K MD
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E FARMER, MD D 03/18/2009

Electronic Signature of Signing Officer or Director — Date