

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737601

FILED
Jan 11, 2012
Secretary of State

Entity Name: GULF COAST PATHOLOGY SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O CHARLES E FARMER
5149 NORTH 9TH AVENUE, STE 122
PENSACOLA, FL 32504

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
Name: FARMER, CHARLES E MD
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: MAYFIELD, CHARLES A MD
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: BENSON, ELIZABETH W MD
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: NGUYEN, CHI K MD
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: HILLIARD, NICHOLAUS J MD
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: CHARLES E FARMER

D

01/11/2012

Electronic Signature of Signing Officer or Director

Date