

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90050 009 \*\*\*150.00

**DOCUMENT # 829944**

1. Entity Name  
**THE AMERICAN BOARD OF PATHOLOGY INC**



**40052868**



Principal Place of Business  
**4830 W. KENNEDY BLVD.  
690  
TAMPA, FL 33609 US**

Mailing Address  
**4830 W. KENNEDY BLVD.  
PO BOX 25915  
TAMPA, FL 33622 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**35-0969609**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, BETSY DR.  
ONE URBAN CENTRE  
4830 W KENNEDY BLVD., SUITE 690  
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete  
NAME **MCKENNA, ROBERT W MD**  
STREET ADDRESS **5323 HARRY HINES RD**  
CITY-ST-ZIP **WICHITA, KS 67214**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **IPP** ☒ Delete  
NAME **BURKE, MD, M. DEMOND**  
STREET ADDRESS **525 E. 68TH ST.**  
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **S** ☐ Change ☒ Addition  
NAME **Collin, John V.**  
STREET ADDRESS **2500 Grand Rd.**  
CITY-ST-ZIP **Mountainview CA 94042**

TITLE **VP** ☐ Delete  
NAME **MADARA, JAMES L**  
STREET ADDRESS **5841 S. MARYLAND AVENUE MC 1000**  
CITY-ST-ZIP **CHICAGO, IL 60637**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **BENNETT, BETSY DR.**  
STREET ADDRESS **4830 W KENNEDY BLVD, SUITE 690**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MCCULLOUGH, JEFFREY**  
STREET ADDRESS **420 DELWARE STREET SE**  
CITY-ST-ZIP **MINNEAPOLIS, MN 55455**

TITLE **IPP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JOHNSON, REBECCA L MD**  
STREET ADDRESS **425 NORTH STREET**  
CITY-ST-ZIP **PITTSFIELD, MA 01201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*Betsy D Bennett MD* **Betsy D Bennett MD** 4/7/07 813/286-2444