

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 31, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 829944**

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



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**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-0969609**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

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	V MCKENNA, ROBERT W MD 5323 HARRY HINES RD WICHITA, KS 67214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLINS, JOHN V 2500 GRAND RD MOUNTAIN VIEW, CA 94042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADARA, JAMES L 5841 S. MARYLAND AVENUE MC 1000 CHICAGO, IL 60637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BENNETT, BETSY DR. 4830 W KENNEDY BLVD, SUITE 690 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MCCULLOUGH, JEFFREY 420 DELWARE STREET SE MINNEAPOLIS, MN 55455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, REBECCA L MD 425 NORTH STREET PITTSFIELD, MA 01201

**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 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

**3/28/08**

Date

Daytime Phone # \_\_\_\_\_