

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829944

Entity Name: THE AMERICAN BOARD OF PATHOLOGY INC

FILED
Feb 11, 2009
Secretary of State

05/16/06 90024 009 \$550.00 --- \$61.25

Current Principal Place of Business:

4830 W. KENNEDY BLVD.
690
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

4830 W. KENNEDY BLVD.
690
TAMPA, FL 33609 US

FEI Number: 35-0969609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCKENNA, ROBERT W MD
Address: 5323 HARRY HINES RD
City-St-Zip: WICHITA, KS 67214

Title: S () Delete
Name: COLLINS, JOHN V
Address: 2500 GRAND RD
City-St-Zip: MOUNTAIN VIEW, CA 94042

Title: P () Delete
Name: MADARA, JAMES L
Address: 5841 S. MARYLAND AVENUE MC 1000
City-St-Zip: CHICAGO, IL 60637

Title: EVP () Delete
Name: BENNETT, BETSY DR.
Address: 4830 W KENNEDY BLVD, SUITE 690
City-St-Zip: TAMPA, FL 33609

Title: PP () Delete
Name: MCCULLOUGH, JEFFREY
Address: 420 DELWARE STREET SE
City-St-Zip: MINNEAPOLIS, MN 55455

Title: T () Delete
Name: JOHNSON, REBECCA L MD
Address: 425 NORTH STREET
City-St-Zip: PITTSFIELD, MA 01201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKENNA, ROBERT W MD
Address: 420 DELAWARE ST,SE MAILCODE609 RM760
City-St-Zip: MINNEAPOLIS, MN 55455

Title: S (X) Change () Addition
Name: COLLIN, JOHN V
Address: 2500 GRANT RD
City-St-Zip: MOUNTAIN VIEW, CA 94042

Title: PP (X) Change () Addition
Name: MADARA, JAMES L
Address: UNIV OF CHICAGO MED CTR,DEAN,BIOLOGICAL SC
City-St-Zip: CHICAGO, IL 60637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KEREN, DAVID F DR.
Address: 300 WEST TEXTILE ROAD
City-St-Zip: ANN ARBOR, MI 48108

Title: VP (X) Change () Addition
Name: JOHNSON, REBECCA L MD
Address: 725 NORTH STREET
City-St-Zip: PITTSFIELD, MA 01201

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BETSY D. BENNETT

EVP

02/11/2009

Electronic Signature of Signing Officer or Director

Date