

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829944

Entity Name: THE AMERICAN BOARD OF PATHOLOGY INC

FILED
Jan 04, 2010
Secretary of State

05/16/06 90024 009 \$550.00 --- \$6.25
04/09/07 90050 009 \$150.00 --- \$55.00

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.
690
TAMPA, FL 33609 US

New Mailing Address:

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:

BENNETT, BETSY D MD,PHD
ONE URBAN CENTRE
4830 W KENNEDY BLVD., SUITE 690
TAMPA, FL 33609 US

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: BETSY D. BENNETT, M.D.,PHD

01/04/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S
Name: DAVEY, DIANE D MD
Address: 12201 RESEARCH PKWY, SUITE 300
City-St-Zip: ORLANDO, FL 32816

Title: P
Name: COLLIN, JOHN V MD
Address: 2500 GRANT RD
City-St-Zip: MOUNTAIN VIEW, CA 94042

Title: T
Name: LANTZ, PATRICK E MD
Address: WAKE FOREST UNIV MEDICAL CENTER BLVD
City-St-Zip: WINSTON-SALEM, NC 27157

Title: EVP
Name: BENNETT, BETSY D MD,PHD
Address: 4830 W KENNEDY BLVD, SUITE 690
City-St-Zip: TAMPA, FL 33609

Title: VP
Name: KEREN, DAVID F MD.
Address: 300 WEST TEXTILE ROAD
City-St-Zip: ANN ARBOR, MI 48108

Title: IPP
Name: JOHNSON, REBECCA L MD
Address: 725 NORTH STREET
City-St-Zip: PITTSFIELD, MA 01201

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

SIGNATURE: BETSY D. BENNETT, M.D., PHD

EVP

01/04/2010

Electronic Signature of Signing Officer or Director

Date