

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90058 018 ***150.00

DOCUMENT # F06000007283

1. Entity Name
REDPATH INTEGRATED PATHOLOGY, INC.



Principal Place of Business
**816 MIDDLE STREET
PITTSBURGH, PA 15212**

Mailing Address
**816 MIDDLE STREET
PITTSBURGH, PA 15212**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1422009

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 **C** ☐ Delete
NAME **MURPHY, BRIAN G**
STREET ADDRESS **500 N FULPH ROAD SUITE 400**
CITY-ST-ZIP **KING OF PRUSSIA, PA 19406**

TITLE ☒ Change ☐ Addition
NAME **RADNOR FINANCIAL CENTER**
STREET ADDRESS **555 E. LANCASTER AVE, STE 520**
CITY-ST-ZIP **RADNOR, PA 19087**

TITLE **D** ☐ Delete
NAME **BRADY, MARY DEL**
STREET ADDRESS **816 MIDDLE STREET**
CITY-ST-ZIP **PITTSBURGH, PA 15212**

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

TITLE **D** ☐ Delete
NAME **SMITH, DENNIS DR.**
STREET ADDRESS **4185 STATE ROAD 16**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

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

TITLE **D** ☐ Delete
NAME **HANDELIN, BARBARA**
STREET ADDRESS **1671 HUNTERS CIRCLE**
CITY-ST-ZIP **WEST CHESTER, PA 19380**

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

TITLE **D** ☐ Delete
NAME **KLEINHENZ, PETER**
STREET ADDRESS **1803 E BROAD STREET SUITE 1701**
CITY-ST-ZIP **COLUMBUS, OH 43215**

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

TITLE **S** ☐ Delete
NAME **SMITH, DAVID S**
STREET ADDRESS **500 GRANT STREET, 50TH FLOOR**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

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:

Mary Del Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

412-231-3600

Daytime Phone #