

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F08000002789

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN PATHOLOGY ASSOCIATES @ PUTNAM COMMUNITY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

3011 HAMPTON AVE  
BRUNSWICK, GA 31520

**New Principal Place of Business:**

**Current Mailing Address:**

3011 HAMPTON AVE  
BRUNSWICK, GA 31520

**New Mailing Address:**

**FEI Number:** 58-2607797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELLOWS, KAY W  
HIGHWAY 20 WEST  
PUTNAM COMMUNITY MEDICAL CENTER  
PALATKA, FL 32117 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:** KAY W FELLOWS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** GODBEY, PATRICK E  
**Address:** 3011 HAMPTON AVE  
**City-St-Zip:** BRUNSWICK, GA 31520

**Title:** DS  
**Name:** HANLEY, MARK G  
**Address:** 3011 HAMPTON AVE  
**City-St-Zip:** BRUNSWICK, GA 31520

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:** PATRICK E T GODBEY

PRES

05/03/2012

Electronic Signature of Signing Officer or Director

Date