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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64497 (4)

1. Corporation Name
NAPLES PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business
NAPLES COMMUNITY HOSPITAL
P.O. BOX 413029
NAPLES FL 33941-0029

Mailing Address
NAPLES COMMUNITY HOSPITAL
P.O. BOX 413029
NAPLES FL 34101-3029

3. Date Incorporated or Qualified
01/11/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0026153

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

BOYD, PETER R
350 7TH ST N
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or person in charge of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RYNELSKI, THOMAS H.	1.2 NAME	
STREET ADDRESS	350 7TH ST. NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	BOYD, PETER R	2.3 STREET ADDRESS	
CITY - ST - ZIP	350 7TH ST NORTH	2.4 CITY - ST - ZIP	
NAPLES FL 33940		3.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		4.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - ST - ZIP	
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0408284

CR2E034 (9/96)