2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90010 016 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # M64497

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

Principal Place of Business	Mailing Address
NAPLES COMMUNITY HOSPITAL P.O. BOX 413029 NAPLES FL 33941-0029	NAPLES COMMUNITY HOSPITAL P.O. BOX 413029 NAPLES FL 34101-3029

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0026153 ☐ 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
GREIDER, H D 350 7TH ST N NAPLES FL 33940	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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYNELSKI, THOMAS H. 350 7TH ST. NORTH NAPLES FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS JEWELL 350 7th ST. N. NAPLES FL 34102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREIDER, H D 350 7TH ST NORTH NAPLES FL 33940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Dale [signature] REQUIRED 4/24 941-263-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #