

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91578 041 ***150.00

DOCUMENT # M64497
 1. Entity Name
NAPLES PATHOLOGY ASSOCIATES, P.A.

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

B008181U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0026153		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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, 2002 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	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T RYNELSKI, THOMAS H. ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME	350 7TH ST. NORTH			NAME			
STREET ADDRESS	NAPLES FL			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME	GREIDER, H D			NAME			
STREET ADDRESS	350 7TH ST NORTH			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 or without other like empowered.

SIGNATURE: SIGNATURE REQUIRED DAVID GREIDER 4/18/02 239-263-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0494437 AV
 CR2E034 (9/01)