2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# M64497

Entity Name: NAPLES PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

NAPLES COMMUNITY HOSPITAL
P.O. BOX 413029
NAPLES, FL 339410029

New Principal Place of Business:

Current Mailing Address:

NAPLES COMMUNITY HOSPITAL
P.O. BOX 413029
NAPLES, FL 339410029

New Mailing Address:

FEI Number: 65-0026153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREIDER, H D
350 7TH ST N
NAPLES, FL 33940 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: RYNELSKI, THOMAS H.,
Address: 350 7TH ST. NORTH
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete
Name: GREIDER, H D
Address: 350 7TH ST NORTH
City-St-Zip: NAPLES, FL 33940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: H. D. GREIDER VP 07/01/2005

Electronic Signature of Signing Officer or Director Date