

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64497

FILED
Jan 17, 2009
Secretary of State

Entity Name: NAPLES PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4351 TAMiami TRAIL NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

207 BAY POINT
NAPLES, FL 34103

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
207 BAY POINT
NAPLES, FL 34103 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: VP () Delete
Name: GREIDER, H D
Address: 350 7TH ST NORTH
City-St-Zip: NAPLES, FL 33940

Title: V () Delete
Name: WA, ERNEST
Address: 4351 TAMiami TRL N
City-St-Zip: NAPLES, FL 34103

Title: V () Delete
Name: SELIGMAN, IVAN
Address: 4351 TAMiami TRL N
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: JEWELL, THOMAS J
Address: 4351 TAMiami TRL
City-St-Zip: NAPLES, FL 34103

Title: V () Delete
Name: BOYD, PETER R
Address: 350 7TH ST N
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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

01/17/2009

Electronic Signature of Signing Officer or Director

Date