

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64497

FILED  
Jan 05, 2011  
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:**

207 BAY POINT  
NAPLES, FL 34103 US

**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

**OFFICERS AND DIRECTORS:**

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

**Title:** V  
**Name:** WA, ERNEST  
**Address:** 4351 TAMiami TRL N  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** V  
**Name:** SELIGMAN, IVAN  
**Address:** 4351 TAMiami TRL N  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** P  
**Name:** JEWELL, THOMAS J  
**Address:** 4351 TAMiami TRL  
**City-St-Zip:** NAPLES, FL 34103 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** H. D. GREIDER

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date