

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M64497

FILED
Aug 13, 2012
Secretary of State

Entity Name: NAPLES PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4351 TAMiami TRAIL NORTH
NAPLES, FL 34103 UN

New Principal Place of Business:

Current Mailing Address:

207 BAY POINT
NAPLES, FL 34103 US

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

OFFICERS AND DIRECTORS:

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

Title: V
Name: WU, 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: S
Name: RYNALSKI, THOMAS H
Address: 350 7TH ST N
City-St-Zip: NAPLES, FL 34102 US

Title: V
Name: LARKIN, JEFFREY T
Address: 350 7TH ST N
City-St-Zip: NAPLES, FL 34102

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

08/13/2012

Electronic Signature of Signing Officer or Director

Date