

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001225

FILED
Feb 06, 2007
Secretary of State

Entity Name: THE CHINESE AMERICAN PATHOLOGISTS ASSOCIATION, INC.

Current Principal Place of Business:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1381385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LI, SHUAN C DR.
5101 KEENELAND CIR.
ORLANDO, FL 32819 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: DR. () Delete
Name: LI, SHUAN C
Address: DEPARTMENT OF PATHOLOGY, ORMC, 1414 SOUTH
City-St-Zip: ORANGE AVE. ORLANDO, FL 32806

Title: DR () Delete
Name: YANG, XIMING J
Address: PATHOLOGY DEPT. NORTHWESTERN MEMO HOSPITAL
City-St-Zip: 251 E. HURON, CHICAGO, IL 60611

Title: DR () Delete
Name: WANG, JUN
Address: PATHOLOGY DEPT. LOMA LINDA U. MED CTR.
City-St-Zip: LOMA LINDA, CA 92354

Title: DR () Delete
Name: HUANG, QIN
Address: PATHOLOG DEPT. BOSTON VA, 1400 VFW PARKWAY
City-St-Zip: WEST ROXBURY, MA 02132

Title: DR () Delete
Name: YANG, BIN
Address: PATHOLOGY DEPT. CLEVELAND CLINIC FOUNDATIO
City-St-Zip: CLEVELAND, OH 44195

Title: DR. () Delete
Name: LIU, WENDY
Address: PATHOLOGY DEPT. CLEVELAND CLINIC FOUNDATIO
City-St-Zip: CLEVELAND, OH 44195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DR (X) Change () Addition
Name: YANG, XIMING J
Address: PATHOLOGY DEPT. CORNELL MEDICAL SCHOOL
City-St-Zip: 525 EAST 68TH STREET, NYC, NY 10021

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QIN HUANG

DR

02/06/2007

Electronic Signature of Signing Officer or Director

Date