2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# N04000001225

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: QIN HUANG
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. CORNELL MEDICAL SCHOOL	
City-St-Zip:	525 EAST 68TH STREET, NYC, NY 10021	
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:	( ) 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 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. 10/24/2008
Electronic Signature of Signing Officer or Director — Date