2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

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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.
Name: LI, SHUAN C
Address: DEPARTMENT OF PATHOLOGY, ORMC, 1414 SOUTH
City-St-Zip: ORANGE AVE. ORLANDO, FL 32806

Title: DR
Name: ZHOU, MING J
Address: PATHOLOGY DEPT.CLEVELAND CLINIC FOUNDATION
City-St-Zip: CLEVELAND, OH 44195

Title: DR
Name: XIN, WEI
Address: PATHOLOGY DEPT. CASE WESTERN RESERVE UNIV
City-St-Zip: CLEVELAND, 0H 44195

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

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

SIGNATURE: HUANG DR 02/16/2010
Electronic Signature of Signing Officer or Director Date