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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # N49428 (8)

1. Corporation Name
PATHOLOGY ALUMNI FOUNDATION, INC.

Principal Place of Business	Mailing Address
2902 MAGNOLIA DRIVE DEPARTMENT OF PATHOLOGY TAMPA FL 33602 US	3001 DR. MARTIN LUTHER KING BLVD TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3137945 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 USF Dept. of Pathology	26 USF Dept. of Pathology
Suite, Apt. #, etc. 22 12901 Bruce B. Downs Box 11	Suite, Apt. #, etc. 27 12901 Bruce B. Downs, Box 11
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33612 / 25 USA	Zip / Country 29 33612 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOTOPULOS, THOMAS E 315 E MADISON STREET SUITE 1000 TAMPA FL 33602	81 Name: John U. Balis, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 12901 Bruce B. Downs Blvd., Box 11 83: Department of Pathology 84 City: Tampa, FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John U. Balis, M.D. — February 2, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	HALKIAS, DEMETRIOS PH D	1.2 NAME	John U. Balis, M.D.
STREET ADDRESS	13000 BRUCE B DOWNS BLVD	1.3 STREET ADDRESS	2627 Clark Road
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	DP	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SZAKACS, JENO MD 1	2.2 NAME	Carl J. Muus, M.D.
STREET ADDRESS	2902 MAGNOLIA DR	2.3 STREET ADDRESS	6619 Glencoe Drive
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	D	3.1 TITLE	DT ☒ Change ☐ Addition
NAME	TAYLOR, FRANK MD	3.2 NAME	Edwin J. Humphrey, M.D.
STREET ADDRESS	3001 W. MARTIN LUTHER KING BLVD.	3.3 STREET ADDRESS	8200 W. Gulf Blvd.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	D	4.1 TITLE	S ☒ Change ☐ Addition
NAME	LEPARC, GERMAN MD	4.2 NAME	Jeno E. Szakacs, M.D.
STREET ADDRESS	379 N ARMENIA AVE	4.3 STREET ADDRESS	12902 Magnolia Drive
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33612-9497
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ARROYO, JORGE MD	5.2 NAME	
STREET ADDRESS	30001 DR MARTIN LUTHE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	OKULSKI, ELISABETH J	6.2 NAME	
STREET ADDRESS	1395 SOUTH PINELLAS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John U. Balis — 2-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083716