

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49428** (8)

1. Corporation Name

PATHOLOGY ALUMNI FOUNDATION, INC.



Principal Place of Business

Mailing Address

USF DEPT. OF PATHOLOGY
12901 BRUCE B DOWNS BOX 11
TAMPA FL 33612
US

USF DEPT. OF PATHOLOGY
12901 BRUCE B DOWNS BOX 11
TAMPA FL 33612
US

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3137945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**BALIS, JOHN U. M
12901 BRUCE B DOWNS BLVD., BOX 11
DEPARTMENT OF PATHOLOGY
TAMPA FL 33612**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **BALIS, JOHN U. M**
STREET ADDRESS **2627 CLARK ROAD**
CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☐ DELETE
NAME **MUUS, CARL J. M**
STREET ADDRESS **6619 GLENCOE DRIVE**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **DT** ☐ DELETE
NAME **HUMPHREY, EDWIN J. M**
STREET ADDRESS **8200 W GULF BLVD**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **S** ☐ DELETE
NAME **SZAKACS, JENO E. M**
STREET ADDRESS **12902 MAGNOLIA DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **ARROYO, JORGE MD**
STREET ADDRESS **30001 DR MARTIN LUTHE**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☒ DELETE
NAME **OKULSKI, ELISABETH J**
STREET ADDRESS **1395 SOUTH PINELLAS AVE.**
CITY-ST-ZIP **TARPON SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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 John U. Balis, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

(813) 974-3133

Date

Daytime Phone #

CR2E037 (12/95)