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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33612-4742
US



3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
02/01/1996

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

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

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 <input type="checkbox"/> DELETE
NAME	BALIS, JOHN U. M
STREET ADDRESS	2627 CLARK ROAD
CITY-ST-ZIP	TAMPA FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	MUUS, CARL J. M
STREET ADDRESS	6619 GLENCOE DRIVE
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HUMPHREY, EDWIN J. M
STREET ADDRESS	8200 W GULF BLVD
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SZAKACS, JENO E. M
STREET ADDRESS	12902 MAGNOLIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP
1.3 STREET ADDRESS	Murray R. Abell, MD
1.4 CITY-ST-ZIP	3601 Hudson Lane Tampa, FL 33618
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	Curtis Songster, MD
2.4 CITY-ST-ZIP	221 Estado Way NE St. Petersburg, FL 33701
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	Rehana Nawab, MD
3.4 CITY-ST-ZIP	7229-17th Court NE St. Petersburg, FL 33702
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	John Balis, MD
4.4 CITY-ST-ZIP	2627 Clark Road Tampa, FL 33618
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. M. Balis (813) 974-9535

CR2E037 (9/96)