

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am § Secretary of State

3. Date Incorporated or Qualifed

05-06-1999 90074 013 \*\*\*\*61.25

## 1999 **DOCUMENT # N49428**

1. Corporation Name

PATHOLOGY ALUMNI FOUNDATION, INC.

Principal Place of Business USF DEPT. OF PATHOLOGY 12901 BRUCE B DOWNS BOX 11 **TAMPA FL 33612** 

Mailing Address

2a. Mailing Address

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

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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sy3137945   Not Applicable	2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed				
27   S9-3137945   Not Applicable	21				06/17/1992			<u> </u>		
City & State  Street Address of Status Desired  Street Address of New Registered Agent  Street Address of New Registered A	Suite, Apt. #, etc.		<del> </del> 1	Suite, Apt. #, etc.				-		
23	22					39-313/943				
Zip Country Zip Country Sp. Relaction Campaign Financing Sp. 85.00 May Be Added to Fees Added to Fees Sp. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			<b>⊢</b> ′		5. Certifcate of Status Desired	o Doolrod				
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  82. Street Address (P.O. Box Number is Not Acceptable)  12901 BRUCE B DOWNS BLVD., BOX 11  DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  ABELL, MURRAY R MD  12. OFFICERS AND DIRECTORS  13. TITLE  DP  ABELL, MURRAY R MD  12. ABELL, MURRAY R MD  13. STREET ADDRESS  3601 HUDSON LN  13. STREET ADDRESS  3601 HUDSON LN  14. ACITY-ST-ZIP  TITLE  DV  AMBELL ANDRESS  3602 LETE  14. ACITY-ST-ZIP  TITLE  DV  AMBELL ANDRESS  3602 LETE  14. ACITY-ST-ZIP  TITLE  DV  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS					y 6. Election Campaign Financing \$5.00 May Be				00 May Be	
9. Name and Address of Current Registered Agent  BALIS, JOHN U. M 12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  ABELL, MURRAY R MD  DELETE  1. ITTILE  DV  DELETE  2. ITTILE  DV  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  NAMAB, REHANA M  STREET ADDRESS  221 ESTADO WAY NE  221 STREET ADDRESS  ST PETERSBURG FL  TITLE  DT  NAMAB, REHANA M  SAME	<b>—</b> '					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,	
BALIS, JOHN U. M 12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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 agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.						10. Name and Address of New Registered Agent				
12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP ABELL, MURRAY R MD  12. NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TITLE  DV Change Addition  NAME  SONGSTER, CURTIS M  22 NAME  STREET ADDRESS  ST PETERSBURG FL  1. ADDITIONS/CHANGES  Change Addition  NAME  NAWAB, REHANA M  32 NAME				81	Name					
12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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, 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  ABELL, MURRAY R MD  12. NAME  SREET ADDRESS  CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TAMPA FL  14. CITY-ST-ZIP  TAMPA FL  15. Change Addition  Addition  NAME  SONGSTER, CURTIS M  22. STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  DELETE  3.1 TITLE  OT  OATE  Change Addition  Addition  NAME  NAWAB, REHANA M  32. NAME	DALIĆ JOUNI II M									
DEPARTMENT OF PATHOLOGY TAMPA FL 33612  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 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DP ABELL, MURRAY R MD STREET ADDRESS CITY-ST-ZIP TITLE DV DELETE 11. TITLE DV DELETE 21. TITLE DV DELETE 22. SAMPA FL 22. NAME SONGSTER, CURTIS M 22. NAME STREET ADDRESS CITY-ST-ZIP TITLE DV DELETE 23. STREET ADDRESS CITY-ST-ZIP TITLE DV DELETE 31. TITLE DV Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition NAME NAWAB, REHANA M 32. NAME					Street Addre	ess (P.O. Box Number is Not Accept	able)			
TAMPA FL 33612  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  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  Addition  NAME  DP  Addition  1.2 NAME  STREET ADDRESS  3601 HUDSON LN  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  DV  Addition  ABELL, MURRAY R MD  1.2 NAME  SONGSTER, CURTIS M  SONGSTER, CURTIS M  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL  1.1 TITLE  DV  Change  Addition  AMME  NAWAB, REHANA M  32 NAME				83	_					
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SIGNATURE    Signature   Signa	office or r	registered agent, or both, in the State o	of Florida. Such change was au	uthorized by	the corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose of o pt the appoin	changing itment a	its registered registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  ABELL, MURRAY R MD  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  1.4 CITY-ST-ZIP  TITLE  DV  AME  SONGSTER, CURTIS M  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  DELETE  3.1 TITLE  DT  Change  Addition  Addition  Addition  Addition  Addition  Addition  DELETE  3.1 TITLE  DT  NAWAB, REHANA M  3.2 NAME		,,,,								
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NAME ABELL, MURRAY R MD 1.2 NAME 3601 HUDSON LN 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP CLARGE CONGSTER, CURTIS M 2.2 NAME STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 2.4 CITY-ST-ZIP CHange Addition Change Addition Change Change Addition Change Change Addition Change Change Addition Change Change Addition NAME NAWAB, REHANA M 32 NAME	12.	CITIOZIO / III DI III D				ADDITIONS/CHANGES TO OF	FICERS AN		_	
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STREET ADDRESS         221 ESTADO WAY NE         2.3 STREET ADDRESS           CITY-ST-ZIP         ST PETERSBURG FL         2.4 CITY-ST-ZIP           TITLE         DT         DELETE         3.1 TITLE           NAME         NAWAB, REHANA M         32 NAME	TITLE	DV	☐ DELETE	2.1 TTLE				Chan	ge 🗌 Addition	
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NAME NAWAB, REHANA M 32 NAME			☐ DELETE				**********	☐ Chan	ge	
		1		3.2 NAME						
STREET ADDRESS 7229-17TH COURT NE ■ 3.3 STREET ADDRESS	\	TORREST COLUMN AIR		3.3 STREE	TADORESS				'	
CITY-ST-ZIP ST PETERSBURG FL 3.4. CITY-ST-ZIP										
TITLE S DELETE 4.1 TITLE Change Addition			☐ DELETE					☐ Char	ge Addition	
NAME BALIS, JOHN M	i	*		4, 2 NAME						
STREET ADDRESS 2627 CLARK RD 4.3 STREET ADDRESS	<b>\</b>	1			TADORESS					
CITY-ST-ZIP TAMPA FL 44 CITY-ST-ZIP	1									
TITLE DELETE 5.1 TITLE Change Addition	( UII 1-31-2IP	: 1/ WHI /3   <b>L</b>								
NAME 52 NAME	TITLE		☐ DELETE		1-21			Char	ge Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

APril 28, 1999

(813) 974-0575

Change

☐ Addition