

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N49428

1. Entity Name
PATHOLOGY ALUMNI FOUNDATION, INC.



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

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



02172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3137945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSINA, JANE L MD
12901 BRUCE B DOWNS BLVD., BOX 11
DEPARTMENT OF PATHOLOGY
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, MICHAEL 16124 CHASTAIN ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAWAB, REHANA A MD 7229 17TH COURT NE SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, NILS M MD 1323 FLORIDA AVENUE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MESSINA, JANE L MD 9216 PINE ISLAND COURT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

(813) 974-0535

Daytime Phone #