

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 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**



02152006 No Chg-NP

CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORGAN, MICHAEL
STREET ADDRESS	16124 CHASTAIN ROAD
CITY-ST-ZIP	ODESSA, FL 33566
TITLE	VP
NAME	NAWAB, REHANA A MD
STREET ADDRESS	7229 17TH COURT NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	T
NAME	DIAZ, NILS M MD
STREET ADDRESS	1323 FLORIDA AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	S
NAME	MESSINA, JANE L MD
STREET ADDRESS	9218 PINE ISLAND COURT
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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: Jane L. Messina, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2006

Date

(813) 974-0535

Daytime Phone #