


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90027 033 \*\*\*\*61.25

<b>DOCUMENT # N49428</b> 1. Entity Name <b>PATHOLOGY ALUMNI FOUNDATION, INC.</b>					
Principal Place of Business <b>USF DEPT. OF PATHOLOGY 12901 BRUCE B DOWNS BOX 11 TAMPA, FL 33612 US</b>			Mailing Address <b>USF DEPT. OF PATHOLOGY 12901 BRUCE B DOWNS, BOX 11 TAMPA, FL 33612 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3137945</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MESSINA, JANE L MD 12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA, FL 33612</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORGAN, MICHAEL</b>		NAME		
STREET ADDRESS	<b>16124 CHASTAIN ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NAWAB, REHANA A MD</b>		NAME		
STREET ADDRESS	<b>7229 17TH COURT NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAZ, NILS M MD</b>		NAME		
STREET ADDRESS	<b>1323 FLORIDA AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MESSINA, JANE L MD</b>		NAME		
STREET ADDRESS	<b>9216 PINE ISLAND COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Jane L. Messina, MD</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>1/25/08</b> <small>Daytime Phone #</small> <b>974-0535</b>		