

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49428

FILED
Apr 27, 2009
Secretary of State

Entity Name: PATHOLOGY ALUMNI FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3137945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, MICHAEL
Address: 16124 CHASTAIN ROAD
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: NAWAB, REHANA A MD
Address: 7229 17TH COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: S () Delete
Name: MESSINA, JANE L MD
Address: 9216 PINE ISLAND COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L. MESSINA, MD

JLM

04/27/2009

Electronic Signature of Signing Officer or Director

Date