

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90203 003 \*\*\*\*61.25

DOCUMENT # N96000001930

1. Entity Name

CERTIFIED PATHOLOGY SERVICES, INC.



Principal Place of Business

4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224

Mailing Address

4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224



02262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3372352

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, JOANNE L  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224

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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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME JONES, ARTHUR D  
STREET ADDRESS 4500 SAN PABLO ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE PD  
NAME WALSH, J S M.D.  
STREET ADDRESS 4500 SAN PABLO ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE STD  
NAME BOLLING, DAVID B  
STREET ADDRESS 4500 SAN PABLO ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

4/27/2004

Date

(904) 953-2827

Daytime Phone #

Attachment  
24068098

# N96000001930

**CERTIFIED PATHOLOGY  
OFFICERS/BOARD MEMBERS**

John S. Walsh, M.D .  
Arthur D. Jones, M.D.  
David B. Bolling

President, Director  
Vice President, Director  
Treasurer/Secretary, Director