

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041666

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** NORTH FLORIDA PATHOLOGY, P.A.

**Current Principal Place of Business:**

800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3645763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, JANET K CPA  
5300 EMERSON STREET  
SUITE 1  
JACKSONVILLE, FL 32207 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: VD  
Name: GOLDSTEIN, JEFFREY D  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD  
Name: O'LAUGHLIN, SABINE  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD  
Name: SANDLER, E. DAYAN  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD  
Name: DUNDORE, PAUL A  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: E DAYAN SANDLER

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date