

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90448 027 ***150.00

DOCUMENT # P00000041666

1. Entity Name
NORTH FLORIDA PATHOLOGY, P.A.



Principal Place of Business
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSTON, CLARENCE H JR
10 RIVERSIDE AVE
JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTRO, SALVADOR	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLLAND, FREDERICK C	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JEFFREY D	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, SABINE	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANDLER, E. DAYAN	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUNDORE, PAUL A	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)