


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90006 034 ***150.00

DOCUMENT # P02000040750 1. Entity Name PATHOLOGY ASSOCIATES OF NORTH FLORIDA, P.A.	
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Principal Place of Business 6500 WEST NEWBERRY ROAD N.F.R.M.C GAINESVILLE, FL 32614-7050	Mailing Address PO BOX 147050 #521 GAINESVILLE, FL 32614
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50000598



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3651651	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOLDBLATT, PATRICIA
6500 W NEWBERRY RD
GAINESVILLE, FL 32605

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBLATT, PATRICIA 6500 W NEWBERRY RD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYDEN, SALLY 6500 W NEWBERRY RD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMPTON, TROY 6500 W NEWBERRY RD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOK, SHARON Y D.O. 6500 W. NEWBERRY ROAD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

352-333-4955

Daytime Phone # _____