

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90038 032 \*\*\*150.00

**DOCUMENT # P02000040750**

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



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

66011726



03162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3651651

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**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, 2006 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 exemptions contained 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 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:

*Patricia Goldblatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #