

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040750

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

6500 WEST NEWBERRY ROAD
N.F.R.M.C
GAINESVILLE, FL 326147050

New Principal Place of Business:

Current Mailing Address:

PO BOX 147050 #521
GAINESVILLE, FL 32614

New Mailing Address:

PO BOX 147050 #509
GAINESVILLE, FL 32614

FEI Number: 04-3651651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBLATT, PATRICIA
6500 W NEWBERRY RD
GAINESVILLE, FL 32605 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDBLATT, PATRICIA
Address: 6500 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: RYDEN, SALLY
Address: 6500 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: HAMPTON, TROY
Address: 6500 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: HOOK, SHARON Y D.O.
Address: 6500 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA GOLDBLATT

DR.

01/30/2009

Electronic Signature of Signing Officer or Director

Date