

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90080 031 ***150.00

0404317

DOCUMENT # P96000055160

1. Entity Name
BRADENTON PATHOLOGY, P.A.

Principal Place of Business 5105 MANATEE AVE W BRADENTON FL 34209	Mailing Address 5105 MANATEE AVE W BRADENTON FL 34209
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0681855	Applied For
	Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
~~200 S ORANGE AVE~~
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Victor G. Santiago
Street Address (P.O. Box Number is Not Acceptable)
3119 Manatee Ave. W.
City Bradenton
State FL
Zip Code 34205

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SENTENEY, GARY	
STREET ADDRESS	5105 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradenton Pathology, P.A.	
STREET ADDRESS	P. O. Box 15079	New Address
CITY-ST-ZIP	Bradenton, FL 34280-5079	

TITLE	S	<input type="checkbox"/> Delete
NAME	YOMANS, GARY R	
STREET ADDRESS	5105 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradenton Pathology, P.A.	
STREET ADDRESS	P. O. Box 15709	New Address
CITY-ST-ZIP	Bradenton, FL 34280-5079	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROSHEARS, JOHN R	
STREET ADDRESS	5105 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Senteney MD GARY SENTENEY 3-28-01 941 798-6176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)