

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90080 031 \*\*\*150.00

0004317

**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**

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 **65-0681855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Victor G. Santiago**

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

**3119 Manatee Ave. W.**

City

**Bradenton**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**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 ☐ Delete  
 NAME **P SENTENEY, GARY**  
 STREET ADDRESS **5105 MANATEE AVE WEST**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition  
 NAME **Bradenton Pathology, P.A.**  
 STREET ADDRESS **P. O. Box 15079**  
 CITY-ST-ZIP **Bradenton, FL 34280-5079** **New Address**

TITLE ☐ Delete  
 NAME **S YOUNG, GARY R**  
 STREET ADDRESS **5105 MANATEE AVE WEST**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition  
 NAME **Bradenton Pathology, P.A.**  
 STREET ADDRESS **P. O. Box 15079**  
 CITY-ST-ZIP **Bradenton, FL 34280-5079** **New Address**

TITLE ☒ Delete  
 NAME **T BROSHEARS, JOHN R**  
 STREET ADDRESS **5105 MANATEE AVE W**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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)