2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001225

Entity Name: THE CHINESE AMERICAN PATHOLOGISTS ASSOCIATION, INC.

Current Principal Place of Business:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

Current Mailing Address:

DEPARTMENT OF PATHOLOGY, ORMC, 2B LAB
1414 SOUTH ORANGE AVE.
ORLANDO, FL 32806

FEI Number: 20-1381385

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LI, SHUAN CDR.
5101 KEENELAND CIR.
ORLANDO, FL 32819 US

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

Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT
Name	ZHAI, QIHUI (JIM)
Address	DEPARTMENT OF PATHOLOGY AT MAYO CLINIC IN FLORIDA 4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	PRESIDENT ELECT
Name	WANG, HUAMIN
Address	THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD
City-State-Zip:	HOUSTON TX 77030

Title	TREASURER
Name	CHEN, ZONG-MING ERIC
Address	GEISINGER HEALTH SYSTEM 100 N. ACADEMY AVE.
City-State-Zip:	DANVILLE PA 17822

Title	PRESIDENT
Name	LIN, FAN
Address	GEISINGER HEALTH SYSTEM
City-State-Zip:	DANVILLE PA 17822

Title	PRESIDENT ELECT
Name	TANG, PING
Address	UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE, BOX 626
City-State-Zip:	ROCHESTER NY 14642

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZONG-MING ERIC CHEN   TREASURER   03/25/2015

Electronic Signature of Signing Officer/Director Detail   Date