

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600751

Entity Name: PALM BEACH PATHOLOGY, P.A.

Current Principal Place of Business:

2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409

Current Mailing Address:

2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1231653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCHRANE & CO., P.A.
2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409 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: REYNOLDS J. COCHRAND

01/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name BOLTON, THOMAS A MD
Address 2801 EXCHANGE COURT
City-State-Zip: WEST PALM BEACH FL 33409

Title SD
Name BOLTON, THOMAS A MD
Address 2801 EXCHANGE COURT
City-State-Zip: WEST PALM BEACH FL 33415

Title TD
Name ZHANG, TAO MD
Address 2801 EXCHANGE COURT
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR
Name SARA, ALAN MD
Address 2801 EXCHANGE COURT
City-State-Zip: WEST PALM BEACH FL 33409

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

SIGNATURE: THOMAS A. BOLTON

CD

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date