

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601033

Entity Name: ASSOCIATED PATHOLOGISTS, P.A.**Current Principal Place of Business:**3001 W DR MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607**Current Mailing Address:**3001 W DR MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 US**FEI Number:** 59-1263616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIEDMAN, MICHAEL I SECRETARY
3001 W DR MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 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:** MICHAEL I. FRIEDMAN

03/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, TREASURER
Name DALENCE, CARLOS R
Address 3001 W DR MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name JEFFREY, P. BRIAN
Address 3001 W DR MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name BASCHINSKY, DMITRY
Address 3001 W DR MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name FRIEDMAN, MICHAEL I
Address 3001 W DR MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name RUFFOLO, EUGENE F
Address 3001 W DR MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33607

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: DMITRY BASCHINSKY

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date