

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601767

Entity Name: CLEARWATER PATHOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**300 PINELLAS ST.
CLEARWATER, FL 33756**Current Mailing Address:**300 PINELLAS ST.
CLEARWATER, FL 33756 US**FEI Number:** 59-1289552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHAEFER, GEORGE D
MORTON PLANT HOSPITAL
300 PINELLAS ST
CLEARWATER, FL 33756 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	P
Name	SCHAEFER, GEORGE D
Address	300 PINELLAS ST
City-State-Zip:	CLEARWATER FL 33756

Title	S/T
Name	SCHROER, KENNETH R
Address	300 PINELLAS ST
City-State-Zip:	CLEARWATER FL 33756

Title	VP
Name	ZANCHI, ANTONELA
Address	300 PINELLAS ST
City-State-Zip:	CLEARWATER FL 33756

Title	ASSIST S/T
Name	VRCELJ, VESNA
Address	300 PINELLAS ST.
City-State-Zip:	CLEARWATER FL 33756

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: GEORGE SCHAEFER**OFFICER****06/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date