

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601775

Entity Name: PENSACOLA PATHOLOGISTS, P.A.**Current Principal Place of Business:**5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504**Current Mailing Address:**5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504**FEI Number:** 59-1278497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARMER, CHARLES EM.D.
5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504 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 | PD |
| Name | FARMER, CHARLES E MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | V |
| Name | BENSON, ELIZABETH W MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | VD |
| Name | NGUYEN, CHI K MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | VD |
| Name | MAYFIELD, CHARLES A MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | V |
| Name | HILLIARD, NICHOLAUS J MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | VP |
| Name | DADISMAN, CHRISTOPHER S MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

| | |
|-----------------|------------------------------------|
| Title | VP |
| Name | ESPINAL-WITTER, ROSANNY MD |
| Address | 5149 NORTH 9TH AVENUE SUITE 122 |
| City-State-Zip: | PENSACOLA FL 32504 |

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: CHARLES E FARMER

PD

01/17/2014

Electronic Signature of Signing Officer/Director Detail_____
Date