2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 602221

Entity Name: ST. VINCENTS PATHOLOGY ASSOCIATES, P.A.

FILED
Aug 26, 2016
Secretary of State
CC9573410640

Current Principal Place of Business:

ST VINCENTS HOSPITAL-LAB 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204

Current Mailing Address:

ST VINCENTS HOSPITAL-LAB 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204

FEI Number: 59-1295228 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTRELL, BRETT ST. VINCENTS HOSPITAL-LAB 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 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	VPD	Title	PD
ritie		ritte	

NameRAMOS, RICARDONameCANTRELL, BRETTAddress9047 KINGS COLONY RDAddress4844 APACHE AVE.

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32205

Title STD Title VPD

NameDESTEPHANO, DON BNameBERNSTEIN, ANNEAddress4420 ORTEGA FOREST DRAddress66 28TH AVENUE S

City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP Title VP

NameLEHMAN, MICHAELNameJONES, ARTHUR GAddress3464 BEAUCLERC ROADAddress4903 APACHE AVENUECity-State-Zip:JACKSONVILLE FL 32257City-State-Zip:JACKSONVILLE FL 32210

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.