

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602221

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

Current Principal Place of Business:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

Current Mailing Address:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 US

FEI Number: 59-1295228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ARTHUR
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: ARTHUR JONES

02/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KEENAN, BRYAN J
Address 410 PARK FOREST DR
City-State-Zip: PONTE VEDRA FL 32081

Title VP
Name LEHMAN, MICHAEL
Address 2743 BEAUCLERC ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name CANTU, COLBY
Address 4426 COUNTRY CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY, TREASURER
Name BERNSTEIN, ANNE
Address 124 ANNAPOLIS LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name JONES, ARTHUR G
Address 2706 CHAPMAN OAK DRIVE
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name STEINBERG, DAVID M
Address 167 PINWOODS STREET
City-State-Zip: PONTE VEDRA FL 32081

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: ANNE BERNSTEIN

TREASURER

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date