

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M64497

Entity Name: NAPLES PATHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1110 PINE RIDGE ROAD,
UNIT 306
NAPLES, FL 34108

Current Mailing Address:

1110 PINE RIDGE ROAD,
UNIT 306
NAPLES, FL 34108 US

FEI Number: 65-0026153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHEL, RAMOS CPA
720 GOODLETTE RD N
STE 400
NAPLES, FL 34102 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: MITCHEL RAMOS, CPA

12/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name JEWELL, THOMAS J
Address 1110 PINE RIDGE ROAD,
UNIT 306
City-State-Zip: NAPLES FL 34108

Title PRESIDENT
Name OSTLER, DANIEL A
Address 1110 PINE RIDGE ROAD,
UNIT 306
City-State-Zip: NAPLES FL 34108

Title SECRETARY
Name LARKIN, JEFFREY T
Address 350 7TH ST N
City-State-Zip: NAPLES FL 34102

Title TREASURER
Name KOVACH, CHARLES K
Address 1110 PINE RIDGE ROAD,
UNIT 306
City-State-Zip: NAPLES FL 34108

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: DANIEL A OSTLER

PRESIDENT

12/04/2019

Electronic Signature of Signing Officer/Director Detail

Date