

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005894

Entity Name: REDPATH INTEGRATED PATHOLOGY, INC.**Current Principal Place of Business:**2515 LIBERTY AVENUE
PITTSBURGH, PA 15222**Current Mailing Address:**2515 LIBERTY AVENUE
PITTSBURGH, PA 15222**FEI Number: 20-1422009****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	CHAIRMAN
Name	BELLE, GERALD P
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	FEDERSPIEL, JOHN
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	DREISMANN, HEINRICH
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	STOVER, JACK E
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	SULLIVAN, STEPHEN J
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	CEO, DIRECTOR
Name	LURKER, NANCY S
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

Title	CFO, TREASURER, SECRETARY
Name	MIAO, GRAHAM G
Address	300 INTERPACE PKWY
City-State-Zip:	PARSIPPANY NJ 07054

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: GRAHAM G MIAO**CFO****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date