

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01552140
Filing Number: 2109203676524
Filing Date/Time: 09/20/2021 11:50 AM
Effective Date/Time: 09/20/2021 11:50 AM



1. CORPORATION NAME:
PENINSULA PATHOLOGY ASSOCIATES, INCORPORATED

DUE DATE: 09/30/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
Megan Italiano
222 Central Park Ave Ste 1700
Virginia Beach, VA 23462-3035

SCC ID NO.: 0155214-0

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 10,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
810-VIRGINIA BEACH CITY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: RIVERSIDE REGIONAL MED CTR PATHOLOGY	ADDRESS: RRM C - PATHOLOGY 500 J CLYDE MORRIS BLVD
CITY/ST/ZIP NEWPORT NEWS, VA 23601-0000	CITY/ST/ZIP NEWPORT NEWS, VA 23601

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID M SMITH, MD TITLE: President ADDRESS: 500 J CLYDE MORRIS BLVD CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

DM Smith
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DAVID M SMITH, MD - PRESIDENT
PRINTED NAME AND CORPORATE TITLE

8-16-2021
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
PENINSULA PATHOLOGY ASSOCIATES, INCORPORATED

DUE DATE: **09/30/21**
SCC ID NO.: **0155214-0**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: THERESA S EMORY MD TITLE: Vice President ADDRESS: 500 J CLYDE MORRIS BLVD CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHAEL A SCHWARTZ, MD TITLE: Secretary ADDRESS: 500 J CLYDE MORRIS BLVD CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: J C MADDOX, MD TITLE: Treasurer ADDRESS: 500 J CLYDE MORRIS BLVD CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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