

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 464273 (2)
 1. Corporation Name
COMPREHENSIVE PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business Mailing Address
8900 S.W. 88TH ST. MIAMI FL 33178
8900 S.W. 88TH ST. MIAMI FL 33178-2118

3. Date Incorporated or Qualified **11/01/1974** 3a. Date of Last Report **04/10/1996**
 4. FEI Number **59-1559063** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. State, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
GOULD, EDWIN W
8900 SW 88TH ST
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 (NOTE: Completed Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

PTD	<input type="checkbox"/> DELETE
NAME: GOULD, EDWIN	
STREET ADDRESS: 8900 SW 88TH ST	
CITY-STATE-ZIP: MIAMI FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: BARROW, JAMES	
STREET ADDRESS: 8900 S.W. 88TH ST.	
CITY-STATE-ZIP: MIAMI FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: CARTAGENA, JR. N	
STREET ADDRESS: 8900 SW 88TH ST	
CITY-STATE-ZIP: MIAMI FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: RUBIN, DANIEL	
1.3 STREET ADDRESS: 8900 S.W. 88TH ST.	
1.4 CITY-STATE-ZIP: MIAMI FL	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/18/97** DAYTIME PHONE #: **(305) 596-6525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)