2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655996 1. Entity Name CYTQLOGY ASSOCIATES, INC.					to the self them to institute the self to	:		
Principal Place of Business Mailing Address					OQ MAR 29 PM 3: 03			
2540 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32301		P.O. BOX 12097 TALLAHASSEE FL 32317-2097			SECRETALY OF STATE AHASSEE, FLO	ATE RIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE		
City & State		City & State		4.	FEI Number 59-1981118	 	oplied For	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7.	Name and Address of New Registere	···		
				Name				
STOUTAMIRE, BARBARA L 2540 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code	ie	
SIGNATI IRE	named entity submits this statement for the		gistered office or replacement of the grant			<u> </u>		
			FEE IS \$150.00 Fee will be \$550 to Department of		10. Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ΑE	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOUTAMIRE, BARBARA L 2540 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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indicated of the cor	Lectify that the information supplied with the lon this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall have	e the same.	legal effect as if made under oath: that	t I am an officer	or director	