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Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **H42930** **(8)**

1. Corporation Name
SPACE COAST PATHOLOGISTS, P.A.

Principal Place of Business	Mailing Address
1341 SOUTH HICKORY STREET SUITE 102 MELBOURNE FL 32901 US	1341 SOUTH HICKORY STREET SUITE 102 MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 1601 Airport Blvd	26 1601 Airport Blvd	02/14/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 Unit 1	27 Unit 1	59-2502180	
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 Melbourne Fl	28 Melbourne Fl	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 32901-4379 / 25 Brevard	29 32901-4379 / 30 Brevard		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMEDBERG, CARL T. M 1341 S HICKORY ST SUTIE 102 MELBOURNE FL 32901	81 Name: SMEDBERG CARL T M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 1601 Airport Blvd Unit 1 83 84 City: Melbourne Fl FL 85 Zip Code: 32901-4379

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SMEDBERG, CARL T. M		1.2 NAME		
STREET ADDRESS	1341 S HICKORY ST STE 102		1.3 STREET ADDRESS	1601 Airport Blvd Unit 1	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne Fl 32901-4379	
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DOMINGUEZ, FELIPE E. M		2.2 NAME		
STREET ADDRESS	1341 S HICKORY ST #102		2.3 STREET ADDRESS	1601 Airport Blvd Unit 1	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne Fl 32901-4379	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RELILOVA, JOSE A. M		3.2 NAME		
STREET ADDRESS	1341 S HICKORY ST #102		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Carl Taylor Smedberg 1/14/98