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Feb 09 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 # K49429 (9)

1. Corporation Name
LAKELAND PATHOLOGISTS, P.A.

Principal Place of Business	Mailing Address
C/O LUTHER A. YOUNGS 1635 LAKELAND HILLS BLVD LAKELAND FL 33805 US	C/O LUTHER A. YOUNGS 1635 LAKELAND HILLS BLVD LAKELAND FL 33805 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 01/01/1989

4. FEI Number: 59-2919114 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

HOLIMOND, JAMES MD
1635 LAKELAND HILLS BLVD
LAKELAND FL 33805

10. **Name and Address of New Registered Agent**

81 Name: Ricardo E Duque, MD
82 Street Address (P.O. Box Number is Not Acceptable): 1635 Lakeland Hills Blvd
83
84 City: Lakeland FL 85 Zip Code: 33805

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	JONES, D. RICHARD		1.2 NAME	Ricardo Duque MD	
STREET ADDRESS	819 FAIRLINGTON DR		1.3 STREET ADDRESS	1451 Hollingsworth Oaks Dr	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland FL 33803	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGS, LUTHER A. III		2.2 NAME		
STREET ADDRESS	2420 NEWPORT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLIMON, JAMES L.		3.2 NAME		
STREET ADDRESS	819 BROOKWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, FRANCIS D.		4.2 NAME		
STREET ADDRESS	1108 HUNT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAMSEY, ROBERT K.		5.2 NAME		
STREET ADDRESS	2304 WOODLEY AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REAVIS, WILTON M. JR.		6.2 NAME		
STREET ADDRESS	4301 CLEVELAND HGTS BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		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: [signature] 1/15/98