2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90003 039 ***158.75

DOCUMENT # K49429

1. Entity Name
LAKELAND PATHOLOGISTS, P.A.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2919114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REAVIS, WILTON M JR ME 1635 LAKELAND HILLS BLVD LAKELAND FL 33805	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUQUE, MD R		NAME		
STREET ADDRESS	1451 HOLLINGSWORTH OAKD DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	Secretary	☒ Change ☐ Addition
NAME	YOUNGS, LUTHER A. III		NAME		
STREET ADDRESS	2420 NEWPORT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLIMON, JAMES L.		NAME		
STREET ADDRESS	819 BROOKWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DRAKE, FRANCIS D.		NAME		
STREET ADDRESS	1108 HUNT AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	VP/T	☒ Change ☐ Addition
NAME	RAMSEY, ROBERT K.		NAME		
STREET ADDRESS	2304 WOODLEY AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	REAVIS, WILTON M. JR.		NAME		
STREET ADDRESS	4301 CLEVELAND HGTS BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilton M Reavis 01/09/02 863 683 7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)