

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M90540** (9)

1. Corporation Name

PATHOLOGY REFERENCE SERVICE THORNBURGH, P.A.



Principal Place of Business

% DAVID B. THORNBURGH, M.D.
420 W. SAN MARINO DR.
MIAMI BCH. FL 33139
US

Mailing Address

% DAVID B. THORNBURGH, M.D.
420 W. SAN MARINO DR.
MIAMI BCH. FL 33139
US

3. Date Incorporated or Qualified
07/14/1988

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0063422

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNBURGH, DAVID B., M.D.
420 W. SAN MARINO DR.
MIAMI BCH. FL 33139**

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 607.0602 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 607.0606, Florida Statutes.

SIGNATURE

(Signature of the person who is authorized to sign this statement on behalf of the corporation)

(Signature of the Registered Agent or the person who is authorized to sign this statement on behalf of the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	0 THORNBURGH, DAVID B., MD	☐ DELETE
2. NAME	420 W. SAN MARINO DR.	
3. STREET ADDRESS	MIAMI BCH. FL	
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David B. Thornburgh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21 - 96 (305) 654 5037

Daytime Phone #

CR2E034 (12/95)