

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 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 # P96000055160 (1)
 1. Corporation Name

BRADENTON PATHOLOGY, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5105 MANATEE AVE W BRADENTON FL 34209
 Mailing Address: 5105 MANATEE AVE W BRADENTON FL 34209

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0681855

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

LAMBRECHT, WILLIAM G
 200 S ORANGE AVE
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P SEBTEWEY
 NAME: SEBTEWEY, GARY
 STREET ADDRESS: 5105 MANATEE AVE WEST
 CITY-ST-ZIP: BRADENTON FL 34209

TITLE: S
 NAME: YOUNG, GARY R
 STREET ADDRESS: 5105 MANATEE AVE WEST
 CITY-ST-ZIP: BRADENTON FL 34209

TITLE: T
 NAME: Bradstreet, John
 STREET ADDRESS: 5105 Manatee Ave W
 CITY-ST-ZIP: Bradenton, FL 34209

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: T
 1.2 NAME: John A. Bradstreet
 1.3 STREET ADDRESS: 5105 Manatee Ave W
 1.4 CITY-ST-ZIP: Bradenton, FL 34209

2.1 TITLE: [Blank]
 2.2 NAME: [Blank]
 2.3 STREET ADDRESS: [Blank]
 2.4 CITY-ST-ZIP: [Blank]

3.1 TITLE: [Blank]
 3.2 NAME: [Blank]
 3.3 STREET ADDRESS: [Blank]
 3.4 CITY-ST-ZIP: [Blank]

4.1 TITLE: [Blank]
 4.2 NAME: [Blank]
 4.3 STREET ADDRESS: [Blank]
 4.4 CITY-ST-ZIP: [Blank]

5.1 TITLE: [Blank]
 5.2 NAME: [Blank]
 5.3 STREET ADDRESS: [Blank]
 5.4 CITY-ST-ZIP: [Blank]

6.1 TITLE: [Blank]
 6.2 NAME: [Blank]
 6.3 STREET ADDRESS: [Blank]
 6.4 CITY-ST-ZIP: [Blank]

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: [Handwritten Signature] GARY SEBTEWEY 7-1-98 941-799-4160

CR2E034 (5/98)