

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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **401359** (5)  
 1. Corporation Name  
**VENICE PATHOLOGY, INC.**

Principal Place of Business Mailing Address  
**404 BAHAMA STREET** **404 BAHAMA STREET**  
**P.O. BOX 635** **P.O. BOX 635**  
**VENICE FL 34285** **VENICE FL 34285**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified **05/17/1972** 3a. Date of Last Report **02/17/1994**  
 4. FEI Number **59-1396002** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **c/o Venice Hospital, Inc.** 26  
 Suite, Apt. #, etc. 27 **540 The Rialto**  
 22 **540 The Rialto** 27  
 City & State City & State  
 23 **Venice, Florida** 28  
 Zip 29 **34285** Country 30 **Sarasota**

9. Name and Address of Current Registered Agent  
**JOHNSON, CHARLES E., JR.**  
**#5 THE ANCHORAGE**  
**NOKOMIS FL 34275**

10. Name and Address of New Registered Agent  
 81 Name **Jon Preiksas**  
 82 Street Address (P.O. Box Number is Not Acceptable) **Venice Hospital, Inc.**  
 83 **540 The Rialto**  
 84 City **Venice** FL 85 Zip Code **34285**

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 *Jon Preiksas* **Jon Preiksas** Sr. Vice President/Chief Legal Officer **5/9/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>JOHNSON, C.E., JR.</b>
STREET ADDRESS	<b>#5 THE ANCHORAGE</b>
CITY ST ZIP	<b>NOKOMIS FL</b>
TITLE	<b>VD</b>
NAME	<b>DEIN, ROBERT W.</b>
STREET ADDRESS	<b>308 N. NASSAU</b>
CITY ST ZIP	<b>VENICE FL</b>
TITLE	<b>STD</b>
NAME	<b>ROTH, WILLIAM G.</b>
STREET ADDRESS	<b>711 SORENTO INLETS</b>
CITY ST ZIP	<b>NOKOMIS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President &amp; Chief Executive Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jack A. Norman</b>
1.3 STREET ADDRESS	<b>540 The Rialto</b>
1.4 CITY ST ZIP	<b>Venice, Florida 34285</b>
2.1 TITLE	<b>Sr. Vice President &amp; Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jon Preiksas</b>
2.3 STREET ADDRESS	<b>540 The Rialto</b>
2.4 CITY ST ZIP	<b>Venice, Florida 34285</b>
3.1 TITLE	<b>Vice President &amp; Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Michael Rolph</b>
3.3 STREET ADDRESS	<b>540 The Rialto</b>
3.4 CITY ST ZIP	<b>Venice, Florida 34285</b>
4.1 TITLE	
4.2 NAME	<b>800001488198</b>
4.3 STREET ADDRESS	<b>-05/16/95--01015--017</b>
4.4 CITY ST ZIP	<b>****200.00 ****200.00</b>
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

*DP 5/12*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Jon Preiksas* **Jon Preiksas** **4/7/95** **(813) 483-7871**