FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 28 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **456997** **(6)**

1. Corporation Name
BAY PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY FL 32406	760 AIRPORT DR (32405) P.O. BOX 15759 PANAMA CITY FL 32406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/13/1974**
3a. Date of Last Report: **03/18/1994**

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)

4. FEI Number: **59-1548765** ☐ 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

9. Name and Address of Current Registered Agent

SYBERS, WILLIAM A
760 AIRPORT DR
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: MC CLELLAN, STEPHEN L.
82 Street Address (P.O. Box Number is Not Acceptable): 760 AIRPORT DR
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

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 607.1508, Florida Statutes.

SIGNATURE: Stephen L McClellan 3/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAN, STEPHEN L	12 NAME	
STREET ADDRESS	760 AIRPORT DR	13 STREET ADDRESS	700001443417
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	-03/30/95--01003--017
TITLE	STD	21 TITLE	****200.00 ****200.00 ☐ Change ☐ Addition
NAME	OLSEN CHRIS L	22 NAME	
STREET ADDRESS	760 AIRPORT DR	23 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	~~OLSEN, CHRIS L~~	32 NAME	
STREET ADDRESS	760 AIRPORT RD.	33 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

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)(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 13d changed, or on an attachment with an address.

SIGNATURE: Stephen L McClellan 3/9/95 904-769-7963
(Typed or printed name and title of individual authorized to sign report) Date (Daytime Phone Number)

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