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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:19

DOCUMENT # **475167** **(3)**

1. Corporate Name
DERRICK AND ASSOCIATES PATHOLOGY, P.A.

Principal Place of Business	Mailing Address
8100 CHANCELLOR DR SUITE 130 ORLANDO FL 32809	8100 CHANCELLOR DR SUITE 130 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1975**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business (21) / Suite, Apt #, etc (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt #, etc (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-1596657** ☐ 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

LARSON, SHERRY R
8100 CHANCELLOR DR #130
ORLANDO FL 32809

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BODIFORD, HOMER A MD	12 NAME		
STREET ADDRESS	315 N TUBB	13 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, FL 00000	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	D	☒ Change ☐ Addition
NAME	MCDADE, EDWARD D JR MD	22 NAME		
STREET ADDRESS	7805 SARANAC CT	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	P/D	☒ Change ☐ Addition
NAME	LEVIN, ALAN	32 NAME		
STREET ADDRESS	21 ISLAND ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	D	☒ Change ☐ Addition
NAME	LARBIG, GERT G. MD	42 NAME		
STREET ADDRESS	110 E. GREENTREE LN.	43 STREET ADDRESS	876 W. Charing Cross	
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SCHRADER, WAYNE H.	52 NAME		
STREET ADDRESS	2524 GATLIN AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ALLRED, THOMAS J	62 NAME		
STREET ADDRESS	15485 MEADOW WOOD DR	63 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	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 13 above, or on an attachment with an address.

SIGNATURE: Alan Levin, M.D. Alan Levin, M.D. Pres. March 23,1995 407/857-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0069014 CP