			<u>,</u>	
PROFIT	FLORIDA DEPARTA	MENT OF STATE	FILED	
CORPORATION ANNUAL REPORT	Sandra B.		96 OCT 21 PH 1	: 36
1996 <i>Am</i>	DIVISION OF CO	HEURATIONS	1	
DOCUMENT # 1. Corporation Name FLANAGAN, ZBAR, TAGE	US2670 CKETT & ASSOCIATE	S, P.A.	SECRETARY OF S TAILLAHASSEE, FLO	RIDA
•				
Principal Place of Business 2071 South Federal Ft. Lauderdale, FL 33316	Hwy. P. O. Box 1 Ft. Lauderd 33302	4186 ale, FL	Date Incorporated or Qualified	3a. Date of Last Report
33310	33302		08/12/75	01/96
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-1609880	Applied For Not Applicable
21	26 Suite, Apt. #, etc.			- \$8.75 Additional
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24) 25	-"	30]	Florida Statutes 10. Name and Address of New Reg	Yes No
9. Name and Address of	Current Registered Agent	81 Name	TO. Maile and Address of New Hey	
ZBAR, MARCUS J.		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
2071 S. Federal Hw	у.	83	``	
Ft. Lauderdale, FL	33316	83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in tagent I am familiar with, and accept the sections of the section of the	607.0502 and 607.1508, Florida Statute he State of Florida Such change was a he obligations of, Section 607.0505, Flor		poration submits this statement for the patient's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE Signature typed or printed name of reg		Registered Agent signature requ	ured when reinstating)	DATE
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE PD	DELETE	1 1 TITLE		ERS AND DIRECTORS IN 12 Change Addition
NAME ZBAR, MARCU STREET ADDRESS 2071 S. Fed	SJ.	1.3 STREFT ADDRESS		2
STREET ADDRESS 2071 S. Fed	lale, FL 33316	1.4 CHTY - ST - ZIP		0
TITLE	DELETE	2.1 TITLE	900001 -10/29	
NAME		2.2 NAME 2.3 STREET ADDRESS	****	3/9601048002 61.25 *****61.25
STREE1 ADDRESS CITY-SI-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS 3 4 CITY - STI-ZIP		
CITY+S1-ZIP TITLE	DELETE	41 TITLE		Change Addition
NAME	-	4 2 NAMÉ		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP	DELETE	4 4 CITY - ST - 7/P		Change Addition
TILE	DELETE	5 1 TITLE 5 2 NAME		
NAME eroses approses		5 3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP		5 4 CITY - ST - ZIP		
TILE	DELETE	6 1 TITLE		Change Addition
NAMÉ		6.2 NAME		

14. I do horeby certify that the information supplied with 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address

Marcus J. Zbar

President/Director 4/13/96 954-763-1601

Date

Dayline Printed NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS

CERTIFIED MAIL #Z 225 450 819 - RETURN RECEIPT REQUESTED

SOUTH FLORIDA PATHOLOGISTS

2071 SOUTH FEDERAL HIGHWAY
POST OFFICE BOX 14186
FORT LAUDERDALE, FLORIDA 33302
305-763-1601
FAX 305-763-6642

July 15, 1996

ANATOMIC PATHOLOGY DERMATOPATHOLOGY CLINICAL PATHOLOGY CYTOLOGY

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Dear Sir:

This will serve to notify your office that the following persons are no longer stockholders, corporate officers, directors, or employees of Flanagan, Zbar, Tackett & Associates, P.A. d/b/a South Florida Pathologists:

Curtis J. Flanagan Larry R. Tackett

Very truly yours,

Curtis J. Flanagan

Karry R. Jacket

Larry R. Tackett

CJF: cmm

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to and subscribed before me this 15th day of July 1996, by Curtis J. Flanagan and Larry R. Tackett, who are personally known to me.

CELESTE M. MANNINO
MY COMMISSION / CC258274 EXPIRES
February 16, 1997
BONDED THRU TROY FAIN INSURANCE, INC

Cleate M. Mannene Notary Public, State of Florida Celeste M. Mannino

My commission expires:

February 16, 1997