

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90002 017 \*\*\*550.00

**DOCUMENT # 538397**  
 1. Entity Name  
**PATHOLOGISTS LABORATORY SERVICES, P.A.**

Principal Place of Business <b>2025 INDIAN ROCKS ROAD LARGO FL 34644-1035</b>	Mailing Address <b>2025 INDIAN ROCKS ROAD LARGO FL 33774-1035</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-1743903</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LEWIS, ROBERT J.**  
**2025 INDIAN ROCKS ROAD**  
**LARGO FL 34644**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>LEWIS, ROBERT J</b>
NAME		NAME
STREET ADDRESS <b>2025 INDIAN ROCK RD</b>		STREET ADDRESS
CITY-ST-ZIP <b>LARGO FL 34644-1035</b>		CITY-ST-ZIP
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>BULSON, JEFFREY J</b>
NAME		NAME
STREET ADDRESS <b>2025 INDIAN ROCKS ROAD</b>		STREET ADDRESS
CITY-ST-ZIP <b>LARGO FL 34644-1035</b>		CITY-ST-ZIP
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>LEWIS, ANN D</b>
NAME		NAME
STREET ADDRESS <b>2025 INDIAN ROCKS ROAD</b>		STREET ADDRESS
CITY-ST-ZIP <b>LARGO FL 34644-1035</b>		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** **PRESIDENT**  
**ROBERT J. LEWIS, DO.** **04-18-00** **727-5958658**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)