

600751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

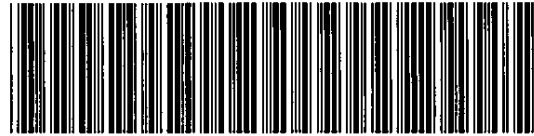
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TALLAHASSEE, FLORIDA

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09/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BEACH PATHOLOGY, P.A.
(Name of Corporation)

600751

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J Bean

(Name of Contact Person)

Palm Beach Pathology P.A.

(Firm/Company)

P.O. Box 4117

(Address)

West Palm Beach, FL 33402-4117

(City/State and Zip Code)

RECEIVED
2001 SEP -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Norma Jean Ashley

(Name of Contact Person)

at (561) 659-0770

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PALM BEACH PATHOLOGY, P.A.
2. The principal office address: 300 Butler Street
West Palm Beach, FL 33407-6006
3. The mailing address (if different): P.O. Box 4117
West Palm Beach, FL 33402-4117
4. Date of incorporation/qualification: 12/30/1968 Document number: 600751
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Gary N. Onofry

300 Butler Street

West Palm Beach, FL 33407

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

David J. Bean

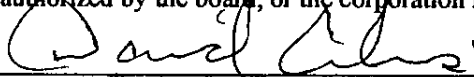
300 Butler Street

(P.O. Box NOT acceptable)

West Palm Beach, FL 33407

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

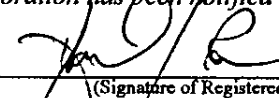
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

David Abis, Chairman of the Board

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

August 30, 2007

(Date)

If signing on behalf of an entity:

David J Bean

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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