601674

FILED
00 MAY 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TPL

TAMPA PATHOLOGY LABORATORY
Independent Clinical Laboratories, Inc.
6515 North Armenia Avenue
Tampa, Florida 33604

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

ROA change
6-5-00
DHS

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

CR2E031(7/97)

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Independent Clinical Laboratories, Inc.

2. The mailing address of the corporation is: 6515 N. Armenia Ave., Tampa, FL 33604

3. Date of incorporation/qualification: 8-1-86 Document number: 601674

4. The name and address of the current registered agent and office:

Jose V. Suarez-Hoyos
6515 N. Armenia Ave.
Tampa, FL 33604

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

Jose V. SuarezHoyos, M.D.
6515 N. Armenia Avenue
Tampa, FL 33604

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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.

(Signature of an officer, chairman or vice chairman of the board) May 22, 2000 (Date)

Jose V. SuarezHoyos, M.D.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent) May 22, 2000 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314