

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601767 (7)

1. Corporation Name

CLEARWATER PATHOLOGY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER FL 34616

323 JEFFORDS ST.
P.O. BOX 210
CLEARWATER FL 34616

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/16/1969

3a. Date of Last Report

01/19/1995

4. FEI Number

59-1289552

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

10. Name and Address of New Registered Agent

HARRIMAN, BEN B.
NORTON PLANT HOSPITAL
323 JEFFORDS STREET
CLEARWATER FL 34616-0892

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

Signature of person named as registered agent and that applicant

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
HARRIMAN, BEN B.
STREET ADDRESS
323 JEFFORDS
CITY-STATE-ZIP
CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME
ST
PIEHL, MICHAEL R.
STREET ADDRESS
323 JEFFORDS
CITY-STATE-ZIP
CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME
VP
SCHAEFER, GEORGE D.
STREET ADDRESS
323 JEFFORDS
CITY-STATE-ZIP
CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(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 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 if changed, or on an attachment with an address.

SIGNATURE:

Michael R. Piehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL R. PIEHL

1/24/96

(DATE)

813-462-7062

Daytime Phone #

CR2E034 (12/95)