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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Mar 07, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **601775**

(0)

1. Corporation Name

**PENSACOLA PATHOLOGISTS, P.A.**



Principal Place of Business

**5151 N. 9TH AVENUE  
PENSACOLA FL 32504**

Mailing Address

**5151 N. 9TH AVENUE  
PENSACOLA FL 32504**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCONNELL, CHARLES F  
5151 N 9TH AVE  
PENSACOLA FL 32504**

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, typed or printed name of registered agent and listed applicants

(If null, Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HAVARD, EVERETT S**  
STREET ADDRESS **5151 N 9TH AVE**  
CITY-STATE-ZIP **PENSACOLA FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **LAZARCHICK, JOHN J.**  
1.3 STREET ADDRESS **5151 N. 9th AVENUE**  
1.4 CITY-STATE-ZIP **PENSACOLA, FL**

TITLE **SD** ☐ DELETE  
NAME **MCCONNELL, CHARLES F**  
STREET ADDRESS **5151 N 9TH AVE**  
CITY-STATE-ZIP **PENSACOLA FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **FARMER, CHARLES**  
2.3 STREET ADDRESS **5151 N. 9th AVENUE**  
2.4 CITY-STATE-ZIP **PENSACOLA, FL**

TITLE **D** ☐ DELETE  
NAME **NICHOLSON, DAVID**  
STREET ADDRESS **5151 N 9TH AVENUE**  
CITY-STATE-ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE  
NAME **BELL, WILLIAM R.**  
STREET ADDRESS **5151 N 9TH ST.**  
CITY-STATE-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE  
NAME **CUMBERLAND, GARY D**  
STREET ADDRESS **5151 N 9TH AVE**  
CITY-STATE-ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. FENNER MCCONNELL M.D.**  
**5151 N. NINTH AVE.**  
**PENSACOLA, FL 32504**

Date

3/3/96

904/494-9253  
Daytime Phone

CR2E034 (12/95)