## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 601775 Cola pathologists, p.a.	(0)			
Principal Plac	e of Business	Mailing Address			
5151 N. 9TH AVENUE PENSACOLA FL 32504		\$151 N. 9TH AVENUE PENSACOLA FL 32504-8721			
				*·	3. Date Incorporated or Qualified 12/18/1969 03/07/1996
		28. Mailing Address	26 Maining Address		4. FEI Number Applied For Not Applicable
Suite, Apr. #, etc. Suite		Suite, Apt. #, etc.	Suita, Apt. #, etc.		\$8.75 Additional
22 27				5. Certificate of Status Desired Fee Required	
City 8 State City		City & State	y & State		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	7ip	Cour	ntrv	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	,_,	Florida Statutes Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
MCCONNELL, CHARLES F 5151 N 9TH AVE PENSACOLA FL 32504				81 Name	
				82 Street	t Address (P.O. Box Number is Not Acceptable)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ţ	83	
			-	84 City	85 Zip Code
					FL   "   '
11. Pursuant office or r	to the provisions of Sections 607.0500 registered agent for both, in the State	2 and 607.1508, Florida Stati of Flor-da_Such change was	ites, the ab authorized	ove-named by the cor	d corporation submits this statement for the purpose of changing its registered exporation's board of directors. I hereby accept the appointment as registered
agent La	re familitr with and accept he cylic	rtions o <b>///</b> ection 607.0505, F	lorida Statu	ites.	2/4/02
SIGNATURE	Signature Type a or a reflect hance of registered ager	ng and the if applicable INC	ITS Registered	Agent signatur	re required when reinstating) OATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	PO	☐ DELETE	11 [1]	E	Change Addition
NAME	HAVARD, EVERETT S		1.2 NA		FARMER, CHARLES E
STHEF 1 ACCRESS	5151 N 9TH AVE			IEET ADDRESS	( <del></del>
City - ST - ZiP TITLE	PENSACOLA FL	DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP	PENSALOUA, FL Change Addition
NAME	SD MCCONNELL,CHARLES F	E DEFEIT	2.1 (II 2.2 NA		Onango La Addition
STREET ADDRESS	5151 N 9TH AVE		1	REET ADDRESS	; \
CHY - \$1 - 7/P	PENSACOLA FL			TY-ST-ZIP	
MU	D	DELETE	31 717		Change Addition
NAMF	NICHOLSON, DAVID		32 NA	ME	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		33 STI	REET ADDRESS	·
CITY ST-769	PENSACOLA FL			Y-ST-ZIP	
TIT.F	D	DELETE	4 1 Trī		Change Addition
NAME	BELL, WILLIAM R.		4. 2 NA		
STREET ADORESS	5151 N 9TH ST.			REET ADDRESS	6
CHY-ST-ZIP TIDLE	PENSACOLA FL	DELETE	4.4 CIT	Y-ST-ZIP 1F	Change Addition
NAME	D CUMBERLAND, GARY D	Land Control In	5.2 NA		La Visinge La Individu
STREET ADDRESS	5151 N 9TH AVE		ı	REET ADDRESS	
CITY - S* - 7IP	PENSACOLA FL			Y-ST-ZIP	
TILL	D	DELETE	6.1 TiT		Change Addition
NAME	LAZARCHICK, JOHN J.		6.2 NA	ME	

14. I do 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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

5151 N 9TH AVE PENSACOLA FL

STREET ADDRESS

CITY - S1 - ZIP