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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 049 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601775

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1969

4. FEI Number

59-1278497

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

CHARLES R. FARMER

82 Street Address (P.O. Box Number is Not Acceptable)

5151 N. 9TH AVENUE

83

84 City

PENSACOLA

FL

85 Zip Code

32504

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

Charles Farmer
Signature, typed or printed name of registrant and title if applicable.

Charles Farmer Sec/Treas.
(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/99

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	HAVARD, EVERETT S	
STREET ADDRESS	5151 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, CHARLES F	
STREET ADDRESS	5151 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON, DAVID	
STREET ADDRESS	5151 N 9TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, WILLIAM R.	
STREET ADDRESS	5151 N 9TH ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMBERLAND, GARY D	
STREET ADDRESS	5151 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZARCHICK, JOHN J.	
STREET ADDRESS	5151 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	SD	
1.2 NAME	FARMER, CHARLES R	
1.3 STREET ADDRESS	5151 N. 9TH AVENUE	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Charles Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Charles Farmer Sec/Treas.

Daytime Phone

5/7/99

CR2E034 (11/98)