601919

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Che

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Jacksonville Pathology Consultants (Name of Corp.)	s, P.A. poration)		
DOCUMENT NUMBER: 601919			
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
Ann Bittinger, Esq. (Name of Conta	act Person)		
The Bittinger Law Firm (Firm/Company)			
13500 Sutton Park Drive South, Suite 201 (Address)			
Jacksonville, FL 32224			
(City/State and	Zip Code)		
For further information concerning this matter, please cal	l :		
Ann Bittinger	at (904) 821-9000		
(Name of Contact Person)	at (904) 821-9000 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Departm	ent of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize fer to change its registered office or registere	V
1. The name of	the corporation: Jacksonville Pathology Co	nsultants, P.A.
2. The principal	l office address: 800 Prudential Drive, Jacks	sonville, FL 32207
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 01/30/1970	Document number: 601919
	d street address of the current registered age rtment of State:	nt and registered office on file with the
	Robert K. Rushing, Esq.	
	1515 Riverside Avenue, Suite A	
	Jacksonville, FL 32204	SECOND SECOND
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	The Bittinger Law Firm	FFS Z
	13500 Sutton Park Drive South,	Suite 201 9 5 5
	(P.O. Box NOT acceptable) Jacksonville, FL 32224	V
		<u> </u>
The street addre as changed will	ess of its registered office and the street ad be identical.	dress of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an officer so ited in writing of the change.
(Signatio	use of an afficer or director)	E. Dayan Sandler, M.D., President (Printed or typed name and title)
l further agree i of my duties, an document is bei	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga- ing filed merely to reflect a change in the i s been potified in writing of this change.	••
1	- RA-	4/30/07
(Sig	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
Ann Bittinger		·
ľ)	Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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