

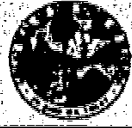
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED AND FILED

95 APR 26 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 602336 (0)

1. Corporation Name  
VOLUSIA PATHOLOGY GROUP, M.D., P.A. -

Principal Place of Business Mailing Address  
585 MEMORIAL CR 585 MEMORIAL CR  
ORMOND BCH FL 32174 US ORMOND BCH FL 32174 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/14/1970 3a. Date of Last Report 04/12/1994  
4. FEI Number 59-1301335 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FRONSTIN, MICHAEL  
550 MEMORIAL CR, STE N  
ORMOND BEACH FL 32174

81 Name Frostin, Michael  
82 Street Address (P.O. Box Number is Not Acceptable) 585 Memorial Cr.  
83  
84 City Ormond Beach FL 85 Zip Code 32174

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]* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROBERTS, JAMES 44 RIVER RIDGE TRAIL ORMOND BEACH FL	1.1 TITLE P	Pepeus, MARTIN 3 APPALOOSA TR. ORMOND BEACH FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	PEPOK, STEVEN 19 LAKE VISTA WAY ORMOND BEACH FL	2.1 TITLE V	Chen, JANE 1 LAKE VISTA WAY ORMOND BEACH FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	FRONSTIN, MICHAEL 23 RIVER RIDGE TRAIL ORMOND BEACH FL	3.1 TITLE V	Shehi, Lora 391 Muddy Creek Lane ORMOND BEACH, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	GREEN, THOMAS J. 540 PELICAN BAY DRIVE DAYTONA BEACH FL	4.1 TITLE V	Arocho, JAMES 27 LAKE VISTA WAY ORMOND BEACH FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	DOUGLASS, WILLIAM P. 910 JOHN ANDERSON DRIVE ORMOND BEACH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(d), 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 addition.

SIGNATURE: *[Signature]* 4-21-95 904-672-5771  
MICHAEL H. FRONSTIN Date Notary Public #