

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **602336** (0)

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



Principal Place of Business
**565 MEMORIAL CIR
ORMOND BCH FL 32174
US**

Mailing Address
**565 MEMORIAL CIR
ORMOND BCH FL 32174
US**

3. Date Incorporated or Qualified
08/14/1970

3a. Date of Last Report
04/26/1995

4. FEI Number
59-1301335

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.

22 City & State

23 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FRONSTIN, MICHAEL
565 MEMORIAL CIRCLE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEPUS, MARTIN 8 APPALOASE TRAIL ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHEN, JANE 1 LAKE VISTA WAY ORMOND BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEHI, LORA 391 MUDDY CREEK LANE ORMOND BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AROCHO, JAMES 27 LAKE VISTA WAY ORMOND BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUGLASS, WILLIAM P. 910 JOHN ANDERSON DRIVE ORMOND BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP
			P FRONSTIN, MICHAEL H. 1134 CRYSTAL DR. PALM BEACH GARDENS FL
			D POPOK, STEVEN 19 LAKE VISTA WAY ORMOND BEACH FL
			V GREEN, THOMAS 540 PELICAN BAY DR DAYTONA BEACH FL
			V ROBERTS, JAMES 44 RIVERIDGE TRAIL ORMOND BEACH, FL
			D AROCHO, JAMES 27 LAKE VISTA WAY ORMOND BEACH FL
			S/T DOUGLASS, WILLIAM P 910 JOHN ANDERSON DR ORMOND BEACH FL

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 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.

SIGNATURE: *[Signature]* **MICHAEL H. FRONSTIN** **429 96 904** **672-5171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)