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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 650883

1. Corporation Name

Principal Place of Business

651 EAST 25TH STREET

HIALEAH PATHOLOGY ASSOCIATES, P.A.

651 EAST 25 HIALEAH FL		651 EAST 25TH STREET HIALEAH FL 33013									
							DO NOT WRI	TE IN THI	S SPACE		
							3. Date Incorporated or Qualifed				\neg
2. Principal	Place of Business	2a. Mail	ing Address				01/03/1980				- {
21		\vdash	ing Address				4. FEI Number	·		Applied For	٦
Suite, Ap	ot. #, etc.	26 Suite	Ant # oto			-	59-1958324		🗔	Not Applicable	,
Suite, Apt. #, etc. 22 City & State City & State						5. Certifcate of Status Desired			Additional Required	7	
23	ate	— ´	City & State				6. Election Campaign Financing		\$5.0	May Be	= -
Zip	Country	28				·	Trust Fund Contribution			to Fees	
24					Country		8. This corporation owes the curre	ent vear In			7
	25	29	9 30				Personal Property Tax.				
	9. Name and Address of Current	Registered	Agent	_			10. Name and Address of New R	egistered	Agent	· 	┪
EC	Onomides, Christopher				81	Name					7
651 E. 25TH STREET					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				_
	LEAH FL 33013				Oll Oct / loans	A SOCIA ROLLESS (F.O. BOX NUMBER IS NOT Acceptable)				1	
****	12 11 1 2 000 10				83	· · · · · · · · · · · · · · · · · · ·		-			┥
				i	84	0.4					
						City		FL		Code	1
office or agent. I:	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	and 607,150 f Florida, Suc ons of, Section	8, Florida Statutes in change was aut in 607,0505, Florid	s, the at thorized	by t	named corpor he corporation	ation submits this statement for the post of directors. I hereby accept		- changing it ntment as n	s registered egistered	1
SIGNATURE										_	
12.					Agent	signature required w		DATE	···		١,
TITLE	OFFICERS AND DIRECTORS DPS DELETE			13.	_		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	ORS IN 12] {
IAME	ECONOMIDES, CHRISTOPHER		177		1.1 TITLE				☐ Change	☐ Addition] ;
TREET ADDRESS	651 E 25TH STREET			1.2 NA		i					>
CITY-ST-ZIP	HIALEAH FL			1.3 STF	EET A	DDRESS					1 3
ITLE	- 777 SECURITY 1 C		☐ DELETE	1.4 CIT		ZIP					5
AME			LI DELETE	2.1 TITL					Change	☐ Addition	(
TREET ADDRESS				2.2 NAM	Œ		•				
IIY-ST-ZIP				2.3 STR	EETA	DDRESS					i
11-31-21 7 TLE				.2.4.CIT	Y-,ST_	ZIP					
AME :			DELETE	3.1 TITL	Ę	1			Change	☐ Addition	
TREET ADDRESS				3.2 NAM	E	ĺ					ĺ
				3.3 STR	EETA	DDRESS					l
TY-ST-ZIP TLE				3.4. CITY	/- ST-	ZIP					l
			☐ DELETE	4.1 TITLE	•				Change	Addition	ı
WE				4. 2 NAM	ΙE				0		
REET ADDRESS				4.3 STRE	ET AC	DRESS				J	
TY-ST-ZIP				4.4 CITY-	ST-Z	IP					
LTE											
			DELETE	5.1 TITLE		1		. <u> </u>	Change	[*] Addition	
ME REET ADDRESS			DELETE	5.1 TITLE 5.2 NAME				-	☐ Change	Addition	

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

TREET ADDRESS

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Change

☐ Addition

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90029 009 ***150.00