## 650883



ACCOUNT NO. : 072100000032

REFERENCE.

300250

7163150

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : July 8, 1999

10:28 AM ORDER TIME :

100002927261---3

ORDER NO. : 300250

CUSTOMER NO: 7163150

CUSTOMER:

Mr. Stephen Dillemuth

Ameripath, Inc.

Suite 200

7289 Garden Road

West Palm Beach, FL 33404

CHANGE OF AGENT

NAME:

HIALEAH PATHOLOGY ASSOCIATES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

C. COULLIETTE JUL 0 9 1999

99 JUL -9 AM 11: 22

GENEDA

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

the undersigned corporation organized under the laws of the State of Florida Statutes,	
submits the following statement in order to change its registered office or registered agent, or both, in	-
the State of Florida.	
1. The name of the corporation is: Hialeah Pathology Associates, Inc.	
2. The mailing address of the corporation is: 651 East 25th Street	_
Hialeah, FL 33013	
1101001, 12 33013	_
3. Date of incorporation/qualification: January 3, 1980 Document number: 650883	
4. The name and address of the current registered agent and office:	
Economides, Christopher	
651 E. 25th St.	
Hialeah, FL 33013	ر
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board	
1 1/1/0	
(Signature of or officer should be a string of the head)	
(Signature of an officer, chairffian or vice chairman of the board) (Date)	
Robert P. Wynn, Secretary	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
By: Jacky a Collect 7/8/19 (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Stacey A. Gilbert, Asst. Secretary	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

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