## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am Secretary of State **DOCUMENT # 650883** 05-15-2001 90170 040 \*\*\*150.00 HIALEAH PATHOLOGY ASSOCIATES, INC. Principal Place of Business Mailing Address 615 EAST 25TH ST. 7289 GARDEN RD HIALEAH FL 33013 SUITE 200 C0066011 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1958324 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE ☐ Delete NAME LEVIN, ALAN NAME STREET ADDRESS 7289 GARDEN RD STE 200 STREET ADDRESS CITY-ST-ZIP RIVIERA FL 33404 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NEW, JAMES C STREET ADDRESS 7289 GARDEN RD STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA FL 33404 TITLE **Delete** TITLE ☐ Change Addition WYNN, ROBERT P NAME NAME STREET ADDRESS 7289 GARDEN RD SUITE 200 STREET ADDRESS CITY-ST-ZIP RIVIERA FL 33404 CITY-ST-ZIP VP/S/T/D VAS ☐ Delete TITLE Change Addition TITLE MARSH, GREGORY A NAME NAME STREET ADDRESS 7289 GARDEN RD STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA FL 33404 TITLE ☐ Delete TITLE Addition BRIAN C CARR NAME 7289 GAADEN ROAD, Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS 1289 GALDGA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 report or supplemental 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 11 or Block 12 if