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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # 696124 (7)

1. Corporation Name

SMITH WINQUIST AND ASSOCIATES, M.D., P.A.

Principal Place of Business

Mailing Address

5542 HIGH STREET
NEW PORT RICHEY FL 34652
US

GULF COAST PATHOLOGISTS
5542 HIGH ST. SUITE C
NEW PORT RICHEY FL 34652
US

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

KALISH, WILLIAM
4100 BARNETT PLAZA
P.O. BOX 71
TAMPA FL 33601-7071

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ONG, YAO CHENG
STREET ADDRESS 5542 HIGH STREET
CITY, ST, ZIP NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME RIOFRIO, PATRICIO
STREET ADDRESS 5542 HIGH STREET
CITY, ST, ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME MARITRESS DE JESUS
STREET ADDRESS 5542 HIGH STREET
CITY, ST, ZIP NEW PORT RICHEY, FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YAO CHENG ONG, M.D.

2-6-96

Date

813-842-4848

Daytime Phone #

CR2E034 (12/95)