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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 696124

(7)

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

	. <u></u>		<u>-</u>		<u></u>					
Principal Place of Business		Mailing Address	Mailing Address					1911 61411 9	,	
5542 HIGH STREET			GULF COAST PATHOLOGISTS							
NEW PORT R	ICHEY FL 34652		5542 HIGH ST. SUITE C NEW PORT RICHEY FL 34652			DO NOT WRITE IN THIS SPACE				
US US			4032			3. Date Incorporated or Qualified	1			$\neg$
						07/27/1981	•			ſ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>		Applied For	ᆌ
21		26	26			59-2114442			Not Applicabl	e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Γ		Additional	٦
22		27				J. Obliniodic of diagon beolifed	<del></del>	Fee	Required	4
City & State	e	— ·	City & State			6. Election Campaign Financing			O May Be	- ]
23	Country		Zip Country			Trust Fund Contribution	ب		d to Fees	$\dashv$
Zip	25	<del>⊢</del> `	<del></del>	rus y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				ł
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Rec		<u> </u>	<u> </u>	$\dashv$
KALISH, WILLIAM					Name		T			ヿ
4100 BARNETT PLAZA					Oten I A dele	(20 Barb) (6 - 1 Na A - 1 A	(-5.*			4
P.O. BOX 71				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie) į			-
TAMPA FL 33601-7071				83			T			ヿ
}				84	City.	<del></del>	_, _	Toel 7	p Code	4
				64	City		FL	85 Zi	p Code	- 1
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 register									its registered	1
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							_ '			.
				Age	nt signature require		DATE	0.0507	000 111 40	
12.	OFFICERS AND DIRECTORS 13. PD DELETE 1.1		13. 1.1 Ti	n e		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change		;
NAME	ONG, YAO CHENG		1.2 N/		1			Origing	, Li reditio	" [
STREET ADDRESS	5542 HIGH STREET		1.3 STREE		ADDDESS					- 13
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-				1			
TITLE	ST	DELETE	2.1 TITLE		1-211			Change	e Additio	ᆔ
NAME	RIOFRIO, PATRICIO	_	2.2 N/		1			·	_	
STREET ADDRESS	5542 HIGH STREET		i i		ADDRESS					- [
CITY-ST-ZIP	NEW PORT RICHEY FL		2, 4 CITY-		ST-ZIP					1
TITLE	VP	DELETE	3.1 TITLE				1	Change	e 🔲 Additio	n
NAME	MARITESS DEJESUS		3.2 NAME							
STREET ADDRESS	5542 HIGH STREET		3.3 STREE		ADDRESS					
CiTY - ST - ZIP	NEW PORT RICHEY FL		3,4, CITY		ST-ZIP					
TITLE		DELETE	4.1 TU	LE				Change	e 🔲 Additio	ŋ
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					ĺ
CITY - ST - ZIP			4.4 CI	4 CITY - ST - ZIP						_
TITLE	TITLE DELETE		5,1 TI	TLΕ			'	Change	e 🔲 Additio	n
NAME			5.2 N/	ME	1					1

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an occurate this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the re Block 12 or Block 13 if changed, or on anal.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED

Jan 26 1998 8:00am

Secretary of State

☐ Change

Addition