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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **696124**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/27/1981

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2114442 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: ONG, Yao Cheng
82 Street Address (P.O. Box Number is Not Acceptable): 5542 High Street Suite C
83
84 City: New Port Richey FL 85 Zip Code: 34652

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: Yao Cheng Ong, M.D. DATE: 1-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ONG, YAO CHENG		1.2 NAME	DEJESUS, MARITESS	
STREET ADDRESS	5542 HIGH STREET		1.3 STREET ADDRESS	5542 High St.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	RIOFRIO, PATRICIO		2.2 NAME	ONG, Yao Cheng	
STREET ADDRESS	5542 HIGH STREET		2.3 STREET ADDRESS	5542 High Street	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MARITESS DEJESUS		3.2 NAME	RIOFRIO, PATRICIO	
STREET ADDRESS	5542 HIGH STREET		3.3 STREET ADDRESS	5542 High Street	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		☐ DELETE	4.1 TITLE	VP COLINA, LEDWINA	☐ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	5542 High Street	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Yao Cheng Ong, M.D. 1-18-99 (727)-842-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #