

F96000003150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07 DEC -7 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts DEC 10 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2007

GARY SHERMAN  
CONTINENTAL CORPORATE SERVICES, INC.  
189 FRANKLIN AVE STE 1  
NUTLEY, NJ 07110

SUBJECT: AMERIPATH, INC.  
Ref. Number: F96000003150

We have received your document for AMERIPATH, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 307A00067790

RECEIVED  
2007 DEC -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ameripath Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F96000003150

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Sherman

(Name of Contact Person)

Continental Corporate Services, Inc.

(Firm/Company)

189 Franklin Avenue, Suite 1

(Address)

Nutley, NJ 07110

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Sherman

(Name of Contact Person)

at ( 800 ) 300-5067

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AmeriPath, Inc.
2. The principal office address: 3 Giralda Farms, 3rd FL, Madison, NJ 07940
3. The mailing address (if different): 3 Giralda Farms, 3rd FL, Madison, NJ 07940
4. Date of incorporation/qualification: June 21, 1996 Document number: F96000003150

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Leo C. Farrenkopf, Jr., Secretary  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

11/16/07  
(Date)

If signing on behalf of an entity:

Gary Sherman, Asst. Secretary  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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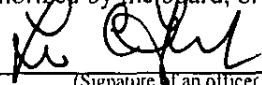
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