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FILED
Aug 05, 2002 8:00 am
Secretary of State
07-23-2002 90325 045 ***150.00
08-05-2002 90005 008 ***400.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003351

1. Entity Name
PATHOLOGY PARTNERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
8304 ESTERS BLVD SUITE 860 IRVING TX 75063	8304 ESTERS BLVD SUITE 860 IRVING TX 75063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1742775 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SPOTTS, STEPHEN L 5605 MCARTHUR BLVD., SUITE 870 IRVING TX 75038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Spotts, Stephen L 8304 Esters Blvd Suite 860 Irving, TX 75063	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO RICHARDS, MARK 5605 MCARTHUR BLVD., SUITE 870 IRVING TX 75038	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO Truitt, Everett 8304 Esters Blvd Suite 860 Irving, TX 75063	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

13. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Everett Truitt, CFO 7/12/02 214-277-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #