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Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G26996 (0)  
1. Corporation Name  
SOUTH FLORIDA PATHOLOGY ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

651 E 25TH ST  
HIALEAH FL 33013

651 E 25TH ST  
HIALEAH FL 33013

2. Principal Place of Business

2a. Mailing Address

21 10200 COMMERCE PARKWAY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 MIRAMAR FL

28

Zip

Country

Zip

Country

24 33025

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, ROLANDO R M.D.  
MIRAMAR PARK OF COMMERCE  
10200 COMMERCE PARKWAY  
MIRAMAR FL 33025

81 Name CHRISTOPHER ECONOMIDES

82 Street Address (P.O. Box Number is Not Acceptable)  
10200 COMMERCE PARKWAY

83

84 City MIRAMAR

FL

85 Zip Code 33025

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

CHRISTOPHER ECONOMIDES

3/9/98

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST  
NAME ECONOMIDES, CHRIS G  
STREET ADDRESS 651 E 25TH ST  
CITY-ST-ZIP HIALEAH, FL 00000

DELETE

TITLE DST  
NAME GOMEZ, ROLANDO R, MD  
STREET ADDRESS 651 E 25TH ST  
CITY-ST-ZIP HIALEAH, FL 00000

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE:

CHRISTOPHER ECONOMIDES

3/9/98

(305)8354725

CR2E034 (10/97)