## G26996



ACCOUNT NO. 072100000032

REFERENCE :

300250

7163150

AUTHORIZATION C:

COST LIMIT

ORDER DATE: July 8, 1999

ORDER TIME : 10:29 AM

3.07025.0 ORDER NO.

CUSTOMER NO:

7163150

CUSTOMER: Mr. Stephen Dillemuth

Ameripath, Inc.

Suite 200

7289 Garden Road

West Palm Beach, FL 33404

## CHANGE OF AGENT

NAME:

SOUTH FLORIDA PATHOLOGY

ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

887NF-8 WHI:55

GBABCBE

C. COULLIETTE JUL 0 9 1999

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

Pursuant to the provisions of sections 607.0502, 617.0502	
the undersigned corporation organized under the laws of the	•
submits the following statement in order to change its regi	stered office or registered agent, or both, in
the State of Florida.	· •
1. The name of the corporation is: South Florida Patholo	gy Associates, Inc.
2. The mailing address of the corporation is: 10200 Commer	ce Pkwy
3. Date of incorporation/qualification: March 9, 1983	Document number: G26996
4. The name and address of the current registered agent and	
Economides, Christopher	
10200 Commerce Parkway	FACT JULY
Miramar, FL 33025	ice: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	55
Tallahassee, Florida 32301	and the second s
The street address of its registered office and the street adeagent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
Man Man	6.24.99
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Robert P. Wynn, Secretary	and the second of the second o
(Printed or typed name and title)  Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered at I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	gent and agree to act in this capacity. elative to the proper and complete
S/ a Collect	7/8/29
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Stacey A. Gilbert, Assistant Secretary	_
(Typed or Printed Name)	(Capacity)

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