

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90202 041 ***150.00

DOCUMENT # G26996

1. Entity Name

SOUTH FLORIDA PATHOLOGY ASSOCIATES, INC.

Principal Place of Business

**10200 COMMERCE PKWY
 MIRAMAR FL 33025
 US**

Mailing Address

**7289 GARDEN ROAD
 SUITE 200
 RIVIERA BEACH FL 33404**

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 **59-2260858**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 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.

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	PD	<input type="checkbox"/> Delete
NAME	LEVIN, ALAN	
STREET ADDRESS	7289 GARDEN ROAD, STE 200	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	NEW, JAMES C	
STREET ADDRESS	7289 GARDEN ROAD, SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	VTSD	<input checked="" type="checkbox"/> Delete
NAME	WYNN, ROBERT P	
STREET ADDRESS	7289 GARDEN ROAD, STE 200	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VSDT	<input type="checkbox"/> Delete
NAME	MASON, GREGORY A	
STREET ADDRESS	7289 GARDEN ROAD, STE 200	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, Gregory A.	
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian C. Carr	
STREET ADDRESS	7289 GARDEN ROAD, Suite 200	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Gregory A. Marsh Gregory A. Marsh

4/30/01

561/845-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)