FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 10:15

DOCUMENT # G89895 (8)

1. Corporation Name

PATHOLOGISTS REFERENCE LABORATORY OF SOUTHWEST F LORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 3331 TAMPA FL 33601	P O BOX 3331 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1984
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business	2a. Mailing Address
21 402 South Boulevard	26 402 South Boulevard
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Tampa Fl	City & State 28 Tampa Fl
ZIP / Country 24 33606 / 25	ZIP / Country 29 33606 / 30

4. FEI Number: 59-2396277 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, JEREMY P., ESQUIRE 220 SOUTH FRANKLIN STREET TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	STD XX Change ☐ Addition
NAME	COLBERT, GEORGE A	12 NAME	Stonesifer, Kurt J.
STREET ADDRESS	3110 DUNWOODIE	13 STREET ADDRESS	18205 Cypress Cove Lane
CITY, ST, ZIP	TAMPA FL	14 CITY-ST-ZIP	Lutz, Fl 33549
TITLE	SD	21 TITLE	PD XX Change ☐ Addition
NAME	BROWARSKY, IRWIN I	22 NAME	Hutchinson, Robert C.
STREET ADDRESS	14024 LAKE BLUFF CT	23 STREET ADDRESS	PO Box 1083 N/A
CITY, ST, ZIP	TAMPA FL	24 CITY-ST-ZIP	Seffner Fl 33584
TITLE	PD	31 TITLE	XX Change ☐ Addition
NAME	TAMAYO, J LINCOLN	32 NAME	DC Tamayo, J Lincoln
STREET ADDRESS	4205 AZEELE	33 STREET ADDRESS	4205 Azeele
CITY, ST, ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa Fl 33609
TITLE	VD	41 TITLE	VD XX Change ☐ Addition
NAME	GONVALVO, AMERICO A	42 NAME	Gonzalvo, Americo A
STREET ADDRESS	84 MARTINIQUE	43 STREET ADDRESS	84 Martinique
CITY, ST, ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa Fl
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J. Lincoln Tamayo J. Lincoln Tamayo, Chairman 4/24/95 813 2530101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002483 CP