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
P O BOX 3331
TAMPA FL 33601

Mailing Address
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
21 402 South Boulevard
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Tampa Fl
Zip 24 33606
Country 25

2a. Mailing Address
26 402 South Boulevard
Suite, Apt. #, etc.
27 Suite 201
City & State
28 Tampa Fl
Zip 29 33606
Country 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
ROSS, JEREMY P., ESQUIRE
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	STD	XX Change ☐ Addition
NAME	COLBERT, GEORGE A	1.2 NAME	Stonesifer, Kurt J.	
STREET ADDRESS	3110 DUNWOODIE	1.3 STREET ADDRESS	18205 Cypress Cove Lane	
CITY, ST, ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz, Fl 33549	
TITLE	SD	2.1 TITLE	PD	XX Change ☐ Addition
NAME	BROWARSKY, IRWIN I	2.2 NAME	Hutchinson, Robert C.	
STREET ADDRESS	14024 LAKE BLUFF CT	2.3 STREET ADDRESS	PO Box 1083	N/A
CITY ST ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Seffner Fl 33584	
TITLE	PD	3.1 TITLE	DC	XX Change ☐ Addition
NAME	TAMAYO, J LINCOLN	3.2 NAME	Tamayo, J Lincoln	
STREET ADDRESS	4205 AZEELE	3.3 STREET ADDRESS	4205 Azeele	
CITY ST ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa Fl 33609	
TITLE	VD	4.1 TITLE	VD	XX Change ☐ Addition
NAME	GONVALVO, AMERICO A	4.2 NAME	Gonzalvo, Americo A	
STREET ADDRESS	84 MARTINIQUE	4.3 STREET ADDRESS	84 Martinique	
CITY-ST ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa Fl	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 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, Chairman 4/24/95 813 2530101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002483 CP