FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 08 1996 8:00 am
Secretary of State

DOCUMENT # **G95593** **(1)**

1. Corporation Name
LABORATORY PHYSICIANS, JACKSONVILLE, P.A.

Principal Place of Business
300 1ST AVENUE SOUTH
SUITE 403
~~ST. PETERSBURG FL 33701~~
US

Mailing Address
PO BOX 13700
ST. PETERSBURG FL 33701
US

3. Date Incorporated or Qualified: 04/06/1984
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business
21 603 - 7th St. So.
Suite, Apt. #, etc.
22 Suite 580
City & State
23 St. Petersburg
Zip 24 33701 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2390081 ☐ 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

ESSMAN, RICHARD A.
300 1ST AVENUE SOUTH
SUITE 403
ST PETERSBURG FL 33701

603 - 7th St. So.
Suite 580

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	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ESSMAN, RICHARD A.	1.2 NAME	
STREET ADDRESS	300 1ST AVE SOUTH, SUITE 403	1.3 STREET ADDRESS	603 - 7th St. So. Suite 580
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SONGSTER, CURTIS L.	2.2 NAME	
STREET ADDRESS	300 1ST AVE SO, SUITE 403	2.3 STREET ADDRESS	603 - 7th St. So., Suite 580
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	TSD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, LARRY J.	3.2 NAME	
STREET ADDRESS	300 1ST AVE SO, SUITE 403	3.3 STREET ADDRESS	603 - 7th St. So, Suite 580
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	VD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	SMITH JR., DENNIS M.	4.2 NAME	
STREET ADDRESS	300 1ST AVE SO, SUITE 403	4.3 STREET ADDRESS	603 - 7th St. So, Suite 580
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Richard A. Essman MD 2/2/96 (813) 894-7188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #