

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # G95593

1. Corporation Name

Laboratory Physicians, Jacksonville, Inc.

Principal Place of Business
603 7th St. So.
Suite 580
St. Petersburg, FL
33701

Mailing Address
P.O. Box 13700
St. Petersburg, FL
33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/6/84

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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
NAME Essman, Richard A.
STREET ADDRESS 630 7th St. So., #580
CITY-ST-ZIP St. Petersburg, FL ☒ DELETE

1.1 TITLE D/V/T/S
1.2 NAME Wynn, Robert P.
1.3 STREET ADDRESS 7289 Garden Road, Suite 200
1.4 CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE VD
NAME Songster, Curtis L.
STREET ADDRESS 603 7th St. So., #580
CITY-ST-ZIP St. Petersburg, FL ☒ DELETE

2.1 TITLE D
2.2 NAME New, James C.
2.3 STREET ADDRESS 7289 Garden Road, Suite 200
2.4 CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE TSD
NAME Davis, Larry J.
STREET ADDRESS 603 7th St. So., #580
CITY-ST-ZIP St. Petersburg, FL ☒ DELETE

3.1 TITLE AS/AT
3.2 NAME Marsh, Gregory
3.3 STREET ADDRESS 7289 Garden Road, Suite 200
3.4 CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE VD
NAME Smith, Jr., Dennis M.
STREET ADDRESS 603 7th St. So., #580
CITY-ST-ZIP St. Petersburg, FL ☒ DELETE

4.1 TITLE
4.2 NAME 000002650570
4.3 STREET ADDRESS -09/28/98--01118--016
4.4 CITY-ST-ZIP ***550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME 800002650563
5.3 STREET ADDRESS 09/28/98 01118 000
5.4 CITY-ST-ZIP ***550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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:

Candra B. Northam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/98

501 845 1850

CR2E034 (10/97)