

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 10:30

DOCUMENT # **H34898** (7)
1. Corporation Name
PASADENA PATHOLOGY EDWARD K. MILLER, M.D., P.A.

Principal Place of Business Mailing Address
1212-66TH ST N 1212-66TH ST N
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/17/1984 3a. Date of Last Report 03/10/1994
4. FEI Number 59-2472241 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1501 PASADENA AVE S. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 PATHOLOGY LAB 27
City & State City & State
23 ST PETERSBURG, FL 28
Zip Country Zip Country
24 33707 25 USA 29 30

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. 109.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, EDWARD K.
463 THIRD AVE N
TIERRA VERDE FL 33715

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 restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILLER, EDWARD K.
463 3RD AVE N.
TIERRA VERDE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
LEWIS, MARTIN G.
432 3RD AVENUE, NORTH
TIERRA VERDE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BARTON, THOMAS K
5950 PELICAN BAY PLAZA
GULFPORT FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILLER, SCOTT E
415 - 7TH AVE., N.
TIERRA VERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 5675 BAYVIEW DRIVE NORTH
3.4 CITY-ST-ZIP SEMINOLE, FL 34642
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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:

TK Miller

THOMAS K. BARTON

1/27/95

813-344-1463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR