

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
ST PETERSBURG FL 33710**

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ST PETERSBURG FL 33710**

3. Date Incorporated or Qualified
12/17/1984

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1501 PASADENA AVE S**

26 Suite, Apt. #, etc.

22 **PATHOLOGY LAB**

27 Suite, Apt. #, etc.

23 **ST PETERSBURG**

28 City & State

24 **33707**

25 **USA**

29 Zip

30 Country

4. FEI Number

59-2472241

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

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, EDWARD K.	
STREET ADDRESS	463 3RD AVE N.	
CITY- ST- ZIP	TIERRA VERDE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEWIS, MARTIN G.	
STREET ADDRESS	432 3RD AVENUE, NORTH	
CITY- ST- ZIP	TIERRA VERDE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BARTON, THOMAS K	
STREET ADDRESS	5675 BAYVIEW DRIVE NORTH	
CITY- ST- ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, SCOTT E	
STREET ADDRESS	415 - 7TH AVE., N.	
CITY- ST- ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

EDWARD K. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96
Date

813-344-1463
Daytime Phone #

CR2E034 (12/95)