

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 032 ***150.00

DOCUMENT # H 34898 ✓

1. Corporation Name

PASADENA PATHOLOGY Edward K. Miller, M.D., Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/84

4. FEI Number

59-2472241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

1501 Pasadena Ave, Suite

Suite, Apt. #, etc.

Pathology Dept.

City & State
St. Petersburg, FL

Zip Country
33707 25 USA

2a. Mailing Address

26 7289 Garden Road

Suite, Apt. #, etc.

27 Suite 200

City & State
Riviera Beach, FL

Zip Country
33404 29 USA

9. Name and Address of Current Registered Agent

Corporation Service Corporation

1201 HAYS STREET

Tallahassee, FL 32301

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	MILLER, EDWARD K.	463 3rd Ave N.	Tierra Verde, FL 33715	<input checked="" type="checkbox"/>
DVP	Lewis, Marking G.	432 3rd Ave N	Tierra Verde, FL 33715	<input checked="" type="checkbox"/>
DS	BARTON, Thomas K	5675 Bayview Drive North	Seminole, FL 33773	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	ALAN LEVIN, M.D.	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CEO/D	JAMES C. NEW	7289 GARDEN ROAD SUITE 200	RIVIERA BEACH, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/IS/IT/D	ROBERT P. WYNN	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. T/Asst. S/VP	GREGORY A. MARSH	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

GREGORY A. MARSH, VP

4/21/99 561 845-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)