

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90189 007 \*\*\*150.00

DOCUMENT # K36338

1. Corporation Name

~~SUSAN R. BAKER, INC.~~  
AmeriPath North Shore, Inc.

Principal Place of Business

1430 WEST 21ST ST.  
MIAMI BEACH FL 33140

Mailing Address

1430 WEST 21ST ST.  
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1988

4. FEI Number

65-0074236

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

21 1100 NW 95TH ST

Suite, Apt. #, etc.

22 City & State

23 Miami, FLORIDA

24 Zip

25 USA

2a. Mailing Address

26 7289 GARDEN ROAD

Suite, Apt. #, etc.

27 200

28 City & State

29 RIVIERA BEACH, FLORIDA

30 Zip

31 USA

9. Name and Address of Current Registered Agent

BAKER, SUSAN R  
1430 WEST 21ST ST.  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 CORPORATION SERVICE COMPANY

83 Street Address (P.O. Box Number is Not Acceptable)

84 1201 HAYS STREET

85 City

86 TALLAHASSEE

FL

87 Zip Code

88 32301

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 SEE ATTACHED

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Wynn, VP and Secretary 4/20/99 561 845-1850

Date

Daytime Phone #

CR2E034 (1/98)