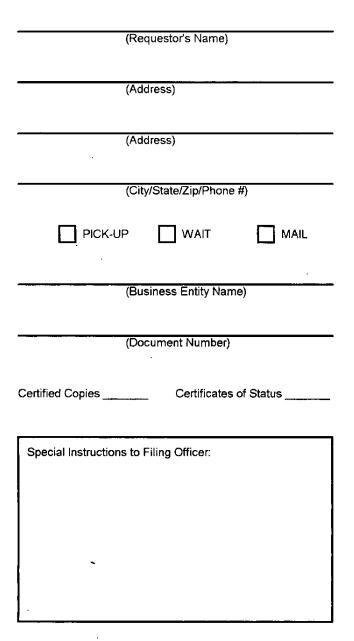
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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Lakeland Pathologists, PA (Name of	Corporation)
DOCUMENT NUMBER: K49429	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Christ (Name of C	topher Lott ontact Person)
(* * * * * * * * * * * * * * * * * * *	
Lakeland F (Firm/C	Pathologists, PA
1125 Bart	ow Rd, Ste 101
Lakela	nd, FL 33801
` •	and Zip Code)
For further information concerning this matter, please	e call:
Christopher Lott	at (863) 6837171
Christopher Lott (Name of Contact Person)	at (<u>863</u>) <u>6837171</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Lakeland Pathologists, PA
. The principal office address: 1125 Bartow Rd, Ste 101, Lakeland FL 33801
. The mailing address (if different): same
. Date of incorporation/qualification: 1/1/89 Document number: K49429
i. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Craig D. Lariscy, MD
1639 Lakeland Hills Blvd
Lakeland, FL 33805
Craig D. Lariscy, MD 1639 Lakeland Hills Blvd Lakeland, FL 33805 The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Craig D. Lariscy, MD
1125 Bartow Rd, Ste 101
(P.O. Box NOT acceptable)
Lakeland FL 33801
The street address of its registered office and the street address of the business office of its registered agent, is changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signaturation of director) Edward Garcia, MD (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Craig D. Lariscy, MD (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *