

2001 UNIFORM BUSINESS REPORT (UBR)

0025012 AF

DOCUMENT # L98000003270

1. Entity Name
PATHOLOGY ASSOCIATES OF NORTH FLORIDA, P.L.

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6500 WEST NEWBERRY ROAD
GAINESVILLE FL 32605

Mailing Address
P.O. BOX 147006
GAINESVILLE FL 32614-7006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3548179

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBLATT, PATRICIA W MD, PA
P.O. BOX 147006
GAINESVILLE FL 32614-7006

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003995624--4
-04/12/01--01127--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME GEORGE E. BYERS, M.D., P.A. ☒ Delete
STREET ADDRESS P.O. BOX 147006
CITY-ST-ZIP GAINESVILLE FL 32614-7006

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PATRICIA W. GOLDBLATT, M.D., P.A. ☐ Delete
STREET ADDRESS P.O. BOX 147006
CITY-ST-ZIP GAINESVILLE FL 32614-7006

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME SALLY E. RYDEN, M.D., P.A. ☐ Delete
STREET ADDRESS P.O. BOX 147006
CITY-ST-ZIP GAINESVILLE FL 32614-7006

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)