

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98652

1. Entity Name
WEST COAST PATHOLOGY OF FLORIDA, P.A.

Principal Place of Business
11375 CORTEZ BLVD.
SPRING HILL FL 34613

Mailing Address
8825 SKYMASTER DR.
NEW PORT RICHEY FL 34654
US

2. Principal Place of Business

3. Mailing Address

4086 Gulf Coast Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hernando Beach, FL

Zip

Country

Zip

Country

34607

U.S.A.

4. FEI Number 59-2908262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOBLEY, KATHLEEN (M.D.)
8825 SKYMASTER DR.
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name
McMullen, Mark (MD)

Street Address (P.O. Box Number is Not Acceptable)
4086 Gulf Coast Drive

City
Hernando Beach

FL

Zip Code
34607

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 Mark McMullen, MD (Vice President)

8/31/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MCMULLEN, MARK M.D.
4086 GULF COAST DR
HERNANDO BCH FL 34607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
MOBLEY, KATHLEEN (M.D.)
8825 SKYMASTER DR.
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Mobley, M.D. President

8/31/01

(352) 596-1632 Ext 3609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 027 ***550.00



DO NOT WRITE IN THIS SPACE

0128734 AT

CR2E034 (5/01)