


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001930 (4)**

1. Corporation Name

CERTIFIED PATHOLOGY SERVICES, INC.



Principal Place of Business 4500 SAN PABLO ROAD JACKSONVILLE FL 32224	Mailing Address 4500 SAN PABLO ROAD JACKSONVILLE FL 32224
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3. Date Incorporated or Qualified
04/10/1996

4. FEI Number
59-3372352

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent MARTIN, JOANNE L 4500 SAN PABLO ROAD JACKSONVILLE FL 32224	
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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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, ARTHUR D		1.2 NAME	
STREET ADDRESS 4500 SAN PABLO ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERNICIARO, CHARLES V		2.2 NAME	
STREET ADDRESS 4500 SAN PABLO ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLLING, DAVID B		3.2 NAME	
STREET ADDRESS 4500 SAN PABLO ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

 **Arthur D. Jones, M.D. 4/29/98**

CR2E037 (10/97)