

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 004 \*\*\*183.75

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N96000001930**

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

5 7 8 2 3  
 570023 - 90001 - 27



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		04/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3372352	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

MARTIN, JOANNE L  
 4500 SAN PABLO ROAD  
 JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	V, D <input checked="" 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	P, D <input checked="" 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	S-T, D <input checked="" 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

3-9-99