FILED
Jun 03, 2002 8:00 am
Secretary of State
05-08-2002 90124 012 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001930

1. Entity Name
CERTIFIED PATHOLOGY SERVICES INC.

DO NOT WRITE IN THIS SPACE

90776

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4500 San Pablo Road	4500 San Pablo Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32224 Country: Duval Cty USA	Zip: 32224 Country: Duval Cty USA

4. FEI Number: 59-3372352 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JOANNE L. MARTIN

Street Address (P.O. Box Number is Not Acceptable): 4500 SAN PABLO ROAD

City: JACKSONVILLE FL Zip Code: 32224

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: D/PRESIDENT	TITLE:
NAME: WALSH, JOHN S. M.D.	NAME:
STREET ADDRESS: 4500 San Pablo Road	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville FL 32224	CITY-ST-ZIP:
TITLE: D/VICE PRESIDENT	TITLE:
NAME: JONES, ARTHUR D. M.D.	NAME:
STREET ADDRESS: 4500 San Pablo Road	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville FL 32224	CITY-ST-ZIP:
TITLE: D/TREASURER/SECRETARY	TITLE:
NAME: BOLLING, DAVID B.	NAME:
STREET ADDRESS: 4500 San Pablo Road	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL 32224	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: D B Bolling 4/23/02 (904)953-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #