P00000041666

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: North Florida Pathology, P.A. (Name of corporation)
(Table of corporation)
DOCUMENT NUMBER: P00000041666
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert K. Rushing, Esquire
(Name of person)
Frazier & Frazier, Attorneys at Law, P.A.
(Name of firm/company)
1515 Riverside Avenue, Suite A
(Address)
Jacksonville, Florida 32204
(City/state and zip code)
For further information concerning this matter, please call:
Robert K. Rushing, Esquire at (904) 353-5616 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, Florida Statutes, thi	s statement of	
	itted for a corporation organized under the		in order	
to change its re	gistered office or registered agent, or both	, in the State of Florida.		
1. The name of	the corporation: North Florida Pathology	, P.A.		
2. The principal	office address: 800 Prudential Drive, Jac	cksonville, Florida 32207		
			<u> </u>	
3. The mailing a	address (if different):			
	and the second s		2 - M	
Date of incor	poration/qualification: 04/24/2000	Document_number: _P00000041666	9 2 -	
	d street address of the current registered agreement of State:	cent and registered office on file with the	0.25	
	Clarence H. Houston, Jr., Esquire			
	/050 1010 Riverside Avenue		1 St. 12	
	Jacksonville, Florida 32204			
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office		
	Robert K. Rushing, Esquire		.2_ ~÷	
	1515 Riverside Avenue, Suite A		.فسين بر	
	(P.O. Box or personal rr	nailbox NOT acceptable)		
	Jacksonville, Florida 32204			
The street addre	ess of its registered office and the street a	address of the business office of its registered	d agent, as	
		by its board of directors or by an officer so g of the change.		
- 5	CA	E. Dayan Sandler	E. Dayan Sandler	
,	Signature of an inflicet or director)	(Printed or typed name and title		
I hereby accepi I further agree duties, and I an being filed mer been notified in	the appointment as registered agent and to comply with the provisions of all statum familiar with and accept the obligation ely to reflect a change in the registered of writing of this change.	d agree to act in this capacity. utes relative to the proper and complete perf of my position as registered agent. Or, if the office address, I hereby confirm that the corp	ormance of my nis document is noration has	
	KATKILL	8/16/2004		
	(Signature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
	Timed or Brighted Name)		<u> </u>	
	(Typed or Printed Name)	(Capacity)		

* * * FILING FEE: \$35.00 * * *