2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90046 036 ***158.75

DOCUMENT # P00000057559

1. Entity Name

GLOBAL PATHOLOGY LABORATORY SERVICES, INC.

Principal Place of Business	Mailing Address
21721 SW 97TH CT MIAMI FL 33190	21721 SW 97TH CT MIAMI FL 33190

912615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16250 N.W. 59 AVENUE	16250 N.W. 59 AVENUE
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: U.S.A.	Zip: 33014 Country: U.S.A.

4. FEI Number: 65-1022242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFFERTY, WILLIAM L JRESQ
1101 BRICKELL AVE, STE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULOS, GEORGE E JR ~~21721 SW 97TH CT~~ ~~MIAMI FL 33190~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Poulos, George E., Jr. 16250 N.W. 59th Ave., Suite 201 Miami Lakes, Florida 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, GARY ~~21721 SW 97TH CT~~ ~~MIAMI FL 33190~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Davis, Gary 16250 N.W. 59th Ave., Suite 201 Miami Lakes, Florida 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANLY, ANDREW J M.D. ~~1410 CECILIA AVE~~ ~~CORAL GABLES FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Hanly, Andrew J. M.D. 16250 N.W. 59th Ave., Suite 201 Miami Lakes, Florida 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: George E. Poulos Jr. George E. Poulos, Jr. JAN. 23, 2001 (305) 825-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #