2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# P00000057559

Entity Name: GLOBAL PATHOLOGY LABORATORY SERVICES, INC.

Current Principal Place of Business:

16250 NW 59 AVENUE
SUITE 201
MIAMI LAKES, FL 33014

New Principal Place of Business:

16250 NW 59 AVENUE
SUITE 201
MIAMI LAKES, FL 33014 US

Current Mailing Address:

16250 NW 59 AVENUE
SUITE 201
MIAMI LAKES, FL 33014

New Mailing Address:

16250 NW 59 AVENUE
SUITE 201
MIAMI LAKES, FL 33014 US

FEI Number: 65-1022242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFFERTY, WILLIAM L JR.ESQ.
1401 BRICKELL AVE, STE 825
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

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: DIANA M. GUERRA 02/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POULOS, GEORGE E JR
Address: 16250 NW 59TH AVE SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD (X) Delete
Name: HANLY, ANDREW J MD
Address: 16250 NW 59TH AVE SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: HANLY, ANDREW M.D.
Address: 16250 NW 59TH AVE SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW HANLEY, M.D. P 02/11/2005
Electronic Signature of Signing Officer or Director Date