

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90158 038 ***150.00

DOCUMENT # P02000053096

1. Entity Name
FLORIDA PATHOLOGY, P.A.

Principal Place of Business
8800 SW HWY 200 SUITE 204
OCALA, FL 34481

Mailing Address
8800 SW HWY 200 SUITE 204
OCALA, FL 34481

2. Principal Place of Business
2609 S.W. 33rd ST

3. Mailing Address
P.O. Box 143211

Suite, Apt. #, etc.
Unit #103 suite #2

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
Gainesville, FL

Zip
34474

Country

Zip
32614

Country

6. Name and Address of Current Registered Agent
HASSANEIN, ASHRAF M
8800 SW HWY 200 SUITE 204
OCALA, FL 34481

7. Name and Address of New Registered Agent
Name
ASHRAF M. HASSANEIN
Street Address (P.O. Box Number is Not Acceptable)
3122 S.W. 125th ST
City
ARCHER FL Zip Code
32618

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *A/Hass* DATE 2/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSANEIN, ASHRAF M		NAME		
STREET ADDRESS	8800 SW HWY 200 SUITE 204	} change address as above	STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A/Hass* DATE 2/21/03 (352) 291-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)