

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 006 ***158.75

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1. Entity Name
HISTO-HELP PATHOLOGY, INC.



Principal Place of Business

~~4270 S.W. 137TH CT.~~
~~MIAMI FL 33175~~

Mailing Address

~~4270 S.W. 137TH CT.~~
~~MIAMI FL 33175~~

2. Principal Place of Business

7730 S.W. 103 PLACE
Suite, Apt. #, etc.

3. Mailing Address

7730 S.W. 103 PLACE
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

04-3705052

Applied For

Not Applicable

Zip

33173

Country

Zip

33173

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DE BAYONA, TERESA P~~
~~4270 S.W. 137TH CT.~~
~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent

Name
SEGOVIA, MORAIMA
Street Address (P.O. Box Number is Not Acceptable)
7730 S.W. 103 PLACE
City
MIAMI FL Zip Code
33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOBSON, CARMEN
4270 S.W. 137TH CT.
MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SEGOVIA, MORAIMA
4270 S.W. 137TH CT.
MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ORTIZ, MERCEDES
4270 S.W. 137TH CT.
MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DE BAYONA, TERESA P
4270 S.W. 137TH CT.
MIAMI FL 33175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

(305) 274-5025

CR2E034 (10/02)