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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30926 (0)

1. Corporation Name
AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, IN C.

300001402393
-02/08/95--01124--011
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12368 NW 13TH CT. PEMBROKE PINES FL 33026	12368 NW 13TH CT. PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: 08/07/1990
3a. Date of Last Report: 01/20/1994
4. FEI Number: 38-2768048 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GROSS, JOAN
12368 NW 13TH CT.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PP/D ☑ Change ☐ Addition
NAME	WEISBAUM, GEOFFREY S DO	1.2 NAME	
STREET ADDRESS	3314 OLD OAK LANE	1.3 STREET ADDRESS	1172 N 37TH ST
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	PE	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	BEAR, ROBERT S DO	2.2 NAME	
STREET ADDRESS	4300 LONDON DERRY RD	2.3 STREET ADDRESS	105 CEDAR LANE WEST
CITY-ST-ZIP	HARRISBURG PA 17105	2.4 CITY-ST-ZIP	CAPE MAY COURT HSE NJ 08210
TITLE	V	3.1 TITLE	PE/D ☒ Change ☐ Addition
NAME	CHATFIELD, ROBERT H DO	3.2 NAME	
STREET ADDRESS	3921 BEECHER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLINT MI 48532	3.4 CITY-ST-ZIP	
TITLE	PP	4.1 TITLE	ST/D ☐ Change ☒ Addition
NAME	PANCIOLI, ARTHUR P DO	4.2 NAME	LILLIAN HINES-LONGENDORFER, DO
STREET ADDRESS	4895 VAN AMBERG delete	4.3 STREET ADDRESS	1100 SHOWELL ROAD
CITY-ST-ZIP	BRIGHTON MI 48116	4.4 CITY-ST-ZIP	MUSKEGON MI 49415
TITLE	ST	5.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	KURTZMAN, ROBERT A DO	5.2 NAME	
STREET ADDRESS	2021 N 12 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND JUNCTION CO 81501	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	☐ Change ☐ Addition
NAME	GROSS, JOAN	6.2 NAME	
STREET ADDRESS	12368 NW 13 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	6.4 CITY-ST-ZIP	RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOAN GROSS EXECUTIVE DIR 1/15/95 305/432-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030877