## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

P30926 DOCUMENT #

(0)

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, IN

Principal Place of Business Mailing Address 12368 NW 13TH CT. 12368 NW 13TH CT. PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1990 02/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-2768048 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes 🔀 No 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GROSS, JOAN Street Address (P.O. Box Number is Not Acceptable) 82 12368 NW 13TH CT. 83 PEMBROKE PINES FL 33026 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 conforation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. TOTAL GROSS
Signature typed or printed name of regi ne of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12 13 PRES TOIR PID ROBERT H CHATFIELD DELE TITLE 1.1 TITLE Change 1 2 NAME NAME WEISBAUM, GEOFFREY S DO 2921 BERCHER RD 4721 N. 37TH ST STREET ADDRESS 1.3 STREET ADDRESS FUNT MI 48532 CITY-ST-ZIP HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP PRES-ELECT / DIR PE/D Change DELETE \_\_\_ Addition TITLE 2.1 TITLE ROBERT A HURTZMAN, DO BEAR, ROBERT S DO 2.2 NAME NAME 105 CEDAR LANE WEST 2.3 STREET ADDRESS 2021 N 12 ST STREET ADDRESS GRAND SUNCTION CO 81581 CAPE MAY COURT HES NJ 08210 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE VILE PRES DIR VP/D Tehange Addition TITLE 3.1 TITLE LILLIAN HYNGS -LONGENDORFER, DO CHATFIELD, ROBERT H DO 3 2 NAME NAME 3921 BEECHER RD 3.3 STREET ADDRESS STREET ADDRESS 1660 SIMONE WI RD MUSKEGON MI PAST PRESIDIR PP/D **FLINT MI 48532** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ROBERT & BEAR, DO 105 CEDAR LANE WEST HYNES-LONGEDORFER, LILLIAN P DO 4. 2 NAME NAME 1660 SIMONELL RD 4.3 STREET ADDRESS STREET ADDRESS NJ 08201 SECY-TREAS/DIR ST/D Change **MUSKEGON MI 49445** 4.4 CHY-ST-ZIP DITY-ST-ZIP DELETE **VPD** 51 TITLE THILE KURTZMAN, ROBERT A DO 5 2 NAME NAME BREUT LHIMES, PO 3921 BEECHER RD 2021 N 12 ST 5 3 STREET ADDRESS STREET ADDRESS **GRAND JUNCTION CO 81501** 5 4 CITY - ST - ZIP FLINT MI 48532 CITY-ST-ZIP DELETE Change 6 f mile Addition TITLE ED

14. Ido 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 of Block 3 if changes or an attachment with an address.

JOAN

62 NAME

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GROSS, JOAN

12368 NW 13 CT

PEMBROKE PINES FL 33026

EXECUTIVE DIRECTOR

CR2E037