


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P30926 (0) 1. Corporation Name AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC.					
Principal Place of Business 12368 NW 13TH CT. PEMBROKE PINES FL 33026		Mailing Address 12368 NW 13TH CT. PEMBROKE PINES FL 33026			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/07/1990 3a. Date of Last Report 01/24/1996 4. FEI Number 38-2768048 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 corporation'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. SIGNATURE <i>[Signature]</i> Edna R. Gross (NOTE: Registered Agent signature required when reinstating) 7/28/97 DATE					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME CHATFIELD, ROBERT H STREET ADDRESS 3921 BEECHER RD CITY-ST-ZIP FLINT MI TITLE PPD <input checked="" type="checkbox"/> DELETE NAME BEAR, ROBERT S DO STREET ADDRESS 105 CEDAR LANE WEST CITY-ST-ZIP CAPE MAY COURT HES NJ TITLE STD <input type="checkbox"/> DELETE NAME HIMES, BREUT L STREET ADDRESS 3921 BEECHER RD CITY-ST-ZIP FLINT MI TITLE VD <input type="checkbox"/> DELETE NAME HYNES-LONGEDORFER, LILLIAN P DO STREET ADDRESS 1880 SIMONELL RD CITY-ST-ZIP MUSKEGON MI TITLE PED <input type="checkbox"/> DELETE NAME KURTZMAN, ROBERT A DO STREET ADDRESS 2021 N 12 ST CITY-ST-ZIP GRAND JUNCTION CO TITLE ED <input type="checkbox"/> DELETE NAME GROSS, JOAN STREET ADDRESS 12368 NW 13 CT CITY-ST-ZIP PEMBROKE PINES FL 33026			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE STD <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME RANDALL K MCGIVNEY 2.3 STREET ADDRESS MAC NEAL HOSP 3231 SEUCLID AVE 2.4 CITY-ST-ZIP BERWYN IL 60402 3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME BRENT 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE AD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. I do 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 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.

CR2E037 (4/97)