


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/07/1990 4. FEI Number 38-2768048 Applied For Not Applicable	
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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 85 Zip Code FL		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>JOAN GROSS</i> JOAN GROSS EXEC DIR DATE 1/3/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PPD <input checked="" type="checkbox"/> DELETE NAME CHATFIELD, ROBERT H STREET ADDRESS 3921 BEECHER RD CITY-ST-ZIP FLINT MI			1.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME SMITH, MICHAEL D 1.3 STREET ADDRESS 117 BEECHWOOD DRIVE 1.4 CITY-ST-ZIP LUMBERTON TX 77657		
TITLE STD <input type="checkbox"/> DELETE NAME MCGIVNEY, RANDALL K STREET ADDRESS MAC NEAL HOSP 3231 S EUCLID AVE CITY-ST-ZIP BERWYN IL			2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME HIMES, BRENT L STREET ADDRESS 3921 BEECHER RD CITY-ST-ZIP FLINT MI			3.1 TITLE PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE PED <input type="checkbox"/> DELETE NAME HYNES-LONGENDORFER, LILLIAN P DO STREET ADDRESS 1660 SIMONELL RD CITY-ST-ZIP MUSKEGON MI			4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> DELETE NAME KURTZMAN, ROBERT A DO STREET ADDRESS 2021 N 12 ST CITY-ST-ZIP GRAND JUNCTION CO			5.1 TITLE PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ED <input type="checkbox"/> DELETE NAME GROSS, JOAN STREET ADDRESS 12368 NW 13 CT CITY-ST-ZIP PEMBROKE PINES FL 33026			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. 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 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: <i>JOAN GROSS</i> JOAN GROSS EXEC DIR DATE 1/3/98 DAYTIME PHONE # 954/432-9640 0023818					

CR2E037 (10/97)