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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

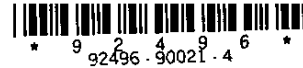
DOCUMENT # P30926

1. Corporation Name

**AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, IN
C.**

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		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/07/1990	
City & State		City & State		4. FEI Number	
Zip		Zip		38-2768048	
Country		Country		Applied For	
25		29		Not Applicable	
28		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

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		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	STD <input type="checkbox"/> DELETE	1.1 TITLE	VD VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL D	1.2 NAME	
STREET ADDRESS	117 BEECHWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUMBERTON TX 77657	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PED PRESIDENT ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIVNEY, RANDALL K	2.2 NAME	
STREET ADDRESS	MAC NEAL HOSP 3231 S EUCLID AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BERWYN IL	2.4 CITY-ST-ZIP	
TITLE	PED <input type="checkbox"/> DELETE	3.1 TITLE	AD PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMES, BRENT L	3.2 NAME	
STREET ADDRESS	3921 BEECHER RD	3.3 STREET ADDRESS	ONE GENESYS PKY
CITY-ST-ZIP	FLINT MI	3.4 CITY-ST-ZIP	GRAND BLANC MI 48439-1477
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PPD IMMEDIATE PAST PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES-LONGEDORFER, LILLIAN P DO	4.2 NAME	
STREET ADDRESS	1680 SIMONELL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUSKEGON MI	4.4 CITY-ST-ZIP	
TITLE	PPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	STD SEAY TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURTZMAN, ROBERT A DO	5.2 NAME	CHARLES Q HONECKMAN
STREET ADDRESS	2021 N 12 ST	5.3 STREET ADDRESS	948 N 33RD ST
CITY-ST-ZIP	GRAND JUNCTION CO	5.4 CITY-ST-ZIP	ALLENTOWN PA 18104
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	
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	

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, with all other like empowered.

SIGNATURE: *JOAN GROSS* EXEC DIR 1/5/99 954/432-9640

CR2E037 (1/98)