2000 UNIFORM BUSINESS REPORT (UBR)

Jan 07, 2000 08:00 AM **DOCUMENT # P30926** 1. Entity Name **Secretary of State** AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC. Principal Place of Business Mailing Address 12368 NW 13TH CT. 12368 NW 13TH CT. PEMBROKE PINES PEMBROKE PINES FL FL 33026 33026 2. Principal Place of Business 3. Mailing Address 12368 NW 13TH CT 12368 NW 13TH CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PEMBROKE PINES FL PEMBROKE PINES FL 38-2768048 Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33026 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, JOAN 12368 NW 13TH CT. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL. 33026 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 01/07/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to . . \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE S/T X Addition NAME NAME ADAMS MONROE HDR STREET ADDRESS STPEET ADDRESS 1000 HARRINGTON BLVD CITY-ST-ZIP CITY-ST-ZIP MT CLEMENS М 48043 TITLE ☐ Delete ED \mathbf{ED} | Change ☐ Addition NAME GROSS NAME JOAN GROSS JOAN STREET ADDRESS 12368 NW 13 CT STREET ADDRESS 12368 NW 13 CT CITY-ST-ZIP PEMBROKE PINES 33026 CITY-ST-ZIP PEMBROKE PINES 33026 TITLE Delete TITLE X Change Addition NAME NAME HYNES-LONGEDORFER LILLIAN HONECKMAN CHARLES ODR STREET ADDRESS 1660 SIMONELL RD STREET ADDRESS 948 N 33RD ST CITY-ST-ZIP MUSKEGON МІ CITY-ST-ZIP ALLENTOWN PA 18104 TITLE PD ☐ Delete TITLE PР XI Change ☐ Addition NAME HIMES BRENT HIMES BRENT LDR STREET ADDRESS 3921 BEECHER RD STREET ADDRESS 6468 HICKORY HOLLOW CT CITY-ST-ZIF FLINT МІ CITY-ST-ZIP FLINT MI 48532 TITLE ☐ Delete PED TITLE X Change ☐ Addition NAME MCGIVNEY RANDALL K NAR/F MCGIVNEY RANDALL STREET ADDRESS MAC NEAL HOSP 3231 S EUCLID AVE STREET ADDRESS MAC NEAL HOSP 3231 S EUCLID AVE CITY-ST-ZIP BERWYN BERWYN Π. CITY-ST-ZIP Π. 60402 TITLE VD ☐ Delete TITLE PE XI Change ☐ Addition NAME SMITH MICHAEL SMITH MICHAEL STREET ADDRESS 117 BEECHWOOD DR STREET ADDRESS 117 BEECHWOOD DR

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^{12.} 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.