

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30926

1. Entity Name

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, IN

Principal Place of Business

12368 NW 13TH CT.
PEMBROKE PINES FL 33026
US

Mailing Address

12368 NW 13TH CT.
PEMBROKE PINES FL 33026
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2768048

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, JOAN
12368 NW 13TH CT.
PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE SMITH, MICHAEL D DR 117 BEECHWOOD DR LUMBERTON TX 77657 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCGIVNEY, RANDALL K DR MAC NEAL HOSP 3231 S EUCLID AVE BERWYN IL 60402 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PP HIMES, BRENT L DR 6468 HICKORY HOLLOW CT FLINT MI 48532 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HONECKMAN, CHARLES Q DR 948 N 33RD ST ALLETOWN PA 18104 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED GROSS, JOAN 12368 NW 13 CT PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T ADAMS, MONROE H DR 1000 HARRINGTON BLVD MT CLEMENS MI 48043 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | → P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | → PP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T MARY JO ROBINSON DR 1 VERSAILLES BLVD CHERRY HILL NJ 08003 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | → PE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | → VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

954/432-9640

Date

Daytime Phone #

1 05 123

CR2E037 (10/00)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90090 015 ****61.25

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DO NOT WRITE IN THIS SPACE