FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000003470 (0)**

1. Corporation Name

ADVANCED PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
%LUIS VILLA 3661 S MIAMI AVENUE. SUITE 305 MIAMI FL 33133	%LUIS VILLA 3661 S MIAMI AVENUE. SUITE 305 MIAMI FL 33133

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 03/01/1995

4. FEI Number: 65-0389843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 CEDARS MEDICAL CENTER	26 CEDARS MEDICAL CENTER
Suite, Apt. #, etc. 22 1400 NW 12th AVE	Suite, Apt. #, etc. 27 1400 NW 12th AVE
City & State 23 MIAMI, FLA	City & State 28 MIAMI, FLA
Zip 24 33136	Country 25 USA
Zip 29 33136	Country 30 USA

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
175 NW FIRST AVENUE
SUITE 2000
MIAMI FL 33128-9965

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature required for change of registered agent) (NOTE: Required Agent's signature required for resigning) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLA, LUIS J M.D.		1.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TYPE	AD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORJAIM, ISIDORO M		2.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TYPE	AD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBB, JAMES M		3.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TYPE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MIGUEL		4.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TYPE	DM	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMOTHERMON, WILLIAM M		5.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TYPE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: I Monjaim M.D. (Isidoro Monjaim M.D.) 2/1/96 (305) 325-5582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VICE-President