

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90125 043 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000003470**

1. Corporation Name  
**ADVANCED PATHOLOGY ASSOCIATES, P.A.**

Principal Place of Business <b>CEDARS MEDICAL CENTER</b> <b>1400 NW 12TH AVE</b> <b>MIAMI FL 33136</b> <b>US</b>	Mailing Address <b>CEDARS MEDICAL CENTER</b> <b>1400 NW 12TH AVE.</b> <b>MIAMI FL 33136</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1993**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VILLA, LUIS J M.D.</b>	
STREET ADDRESS	<b>1400 NW 12TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORJAIM, ISIDORO M</b>	
STREET ADDRESS	<b>1400 NW 12TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBB, JAMES M</b>	
STREET ADDRESS	<b>1400 NW 12TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, MIGUEL</b>	
STREET ADDRESS	<b>1400 NW 12TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SNOTHERMON, WILLIAM M</b>	
STREET ADDRESS	<b>1400 NW 12TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LUIS VILLA JR MD**

**2/19/99**  
Date

**305-834-8080**  
Daytime Phone

CR2E034 (11/98)