200 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9300003470 1. Entity Name ADVANCED PATHOLOGY ASSOCIATES, P.A.

FILED Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90137 042 ***150.00

Principal Place	CAL CENTER	Mailing Address CEDARS MEDICAL CENTER								
1400 NW 12TH AVE MIAMI FL 33136 US		1400 NW 12TH AVE. MIAMI FL 33136 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS SF	PACE		
City & State		City & State		4.	03 0303043					
Zip	Country	Zip	Country	5.	Certificate of	Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
5 4	0 0000001TE 0EDWOE0 (NO			√ame						
175	C CORPORATE SERVICES, INC. NW FIRST AVENUE E 2000	•		Street Address (P.O. Box Number is Not Acceptable)						
	II FL 33128-9965	CEDARS MEDICAL CENTER 1600 NW 12TH AVE MAM FL 33138 US 3. Mailing Address Suite, Apt. #, etc. City 8. State City 8. State A. FEI Number 65-0389843 Do NOT WRITE IN THIS SPACE City 8. State A. FEI Number 65-0389843 Applied For Not Applicable Not Applicable See of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Prof. Registered Agent City City City FL Zio Code City FL Address (P.O. Box Number is Not Acceptable) City FL Zio Code City FL Address of New Registered Agent Tust Fund Contribution. Added to Fees Added to Fees FILE MOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FICERS AND DIRECTORS CITY-S-Zio Delde TILE NAME SIRET ADDRESS CITY-S-Zio Deldes TILE NAME SIRET ADDRESS CITY-S-Zio Change Addition Addition NAME SIRET ADDRESS CITY-S-Zio Change Addition Addition Change Addition								
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8. The above	named entity submits this statement for	the purpose of changing its	registered o	office or registered a	agent, or both, i	n the State of Flo	orida.			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Age	ent signature required when	reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00		\$150.00	10 Election	on Campaign Fin	ancina	¢E O	Ω ν D-	
Tax filing requirement and elects to do so.					t					
		<u></u>			ADDITIONS (CL	IANICES TO OEE	ICERS AND I	NRECTOR!	S IN 11	
TITLE	D OFFICERS AND				ADDITIONS/CI	ANGES TO OTT				
NAME	VILLA, LUIS J M.D.									
STREET ADDRESS	1400 NW 12TH AVE.									
CITY-ST-ZIP	MIAMI FL			ZIP				Change	Addition	
TITLE Name	AD Morjaim, isidoro m	∟ Delete		İ			i		Addition	
STREET ADDRESS	1400 NW 12TH AVE.		STREET A	DDRESS					}	
CITY-ST-ZIP	MIAMI FL	<u> </u>	CITY-ST-	ZIP .						
TITLE	AD	Delete						Change	☐ Addition	
NAME STREET ADDRESS	ROBB, JAMES M 1400 NW 12TH AVE.			DDRESS]	
CITY-ST-ZIP	MIAMI FL								1	
TITLE	D	Delete	TITLE					Change	Addition	
NAME	GONZALEZ, MIGUEL	•								
STREET ADDRESS CITY-ST-ZIP	1400 NW 12TH AVE.									
TITLE	MIAMI FL D	☐ Dalata						Change	☐ Addition	
NAME	SNOTHERMON, WILLIAM M	Delete		ļ			,			
STREET ADDRESS	1400 NW 12TH AVE.			i						
CITY-ST-ZIP	MIAMI FL		_	ZIP						
TITLE NAME		☐ Delete					ļ	Change		
STREET ADDRESS				DDRESS						
CITY-ST-ZIP			CITY-ST-							
12 horoby o	portify that the information rupplied with	this filian dans not suplify for	the evere	tion stated in Continu	n 110 07(2)(i) I	Porido Statutos	further certif	y that the ir	oformation	

I hereby certify that the information supplied with this filling goes 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 of execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR