

5-1-97 B-5976 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # P93000054631 (5)**  
 1. Corporation Name  
**PALMETTO PATHOLOGY SERVICES, P.A.**



Principal Place of Business      Mailing Address  
**2001 WEST 68TH ST.**      **2001 WEST 68TH ST.**  
**HIALEAH FL 33016**      **HIALEAH FL 33016-1801**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/03/1993**      **04/30/1996**

4. FEI Number      Applied For  
**65-0426759**       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**

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

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

9. Name and Address of Current Registered Agent  
**ABELS, MICHAEL**  
**2001 WEST 68TH STREET**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code  
**FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | DP <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TERMIN, LEON</b>                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>7306 W. 2ND AVE.</b>             | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>HIALEAH FL</b>                   | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DAS <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ABELS, MICHAEL</b>               | 2.2 NAME  | <b>See Trms</b>  |
| STREET ADDRESS             | <b>7306 W. 20TH AVE.</b>            | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>HIALEAH FL</b>                   | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DST <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GONZALEZ, MARIO</b>              | 3.2 NAME  | <b>VP</b>  |
| STREET ADDRESS             | <b>7306 W. 20TH AVE.</b>            | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>HIALEAH FL</b>                   | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                     | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                     | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                     | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)