

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90109 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054631
 1. Corporation Name
PALMETTO PATHOLOGY SERVICES, P.A.



Principal Place of Business 2001 WEST 68TH ST. HIALEAH FL 33016	Mailing Address 2001 WEST 68TH ST. HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/03/1993	
4. FEI Number 65-0426759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	TERMIN, LEON	
STREET ADDRESS	7306 W. 2ND AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	ST	
NAME	ABELS, MICHAEL	
STREET ADDRESS	7306 W. 20TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	
NAME	GONZALEZ, MARIO	
STREET ADDRESS	7306 W. 20TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	2001 WEST 68 STREET		
1.4 CITY-ST-ZIP	HIALEAH, FL 33016		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	2001 WEST 68 STREET		
2.4 CITY-ST-ZIP	HIALEAH, FL 33016		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS	2001 WEST 68 STREET		
3.4 CITY-ST-ZIP	HIALEAH, FL 33016		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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)(f), 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 Date Daytime Phone #

CR2E034 (11/98)