

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 2:11

DOCUMENT # P94000001535 (1)

TAMARAC PATHOLOGY ASSOCIATES, P.A.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

7201 N. UNIVERSITY DR.
TAMARAC FL 33321

7201 N. UNIVERSITY DR.
TAMARAC FL 33321

2. Filing Agent's Name
21. Filing Agent's Address
22. Filing Agent's City
23. Filing Agent's State
24. Filing Agent's Zip

2a. Mailing Address
26. Mailing Address
27. Mailing Address
28. Mailing Address
29. Mailing Address
30. Mailing Address

3. Date of Filing
3a. Date of Filing
4. Filing Number
5. Certificate of Status (Domestic)
6. Election Campaign Financing
7. Trust Fund Contribution
8. This corporation has liability for enterprise for under \$1,000,000
Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINE, STEVEN
7201 NORTH UNIVERSITY DR.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. City
B5. Zip Code

11. The undersigned, the president of the corporation, do hereby certify that the above named corporation submitted the statement for the purpose of changing its registered office to the address specified in the above statement, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment of the registered agent named above and accept the responsibility of the corporation for the change.

12. OFFICERS AND DIRECTORS
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

12. OFFICERS AND DIRECTORS
D
MORAES, ROSHAN
7201 N. UNIVERSITY DR.
TAMARAC FL 33321
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)
Change ☐ Add ☐

14. I, the undersigned, do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in the Florida Statutes. I further certify that the information furnished with this filing is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause me to believe that the information furnished is false or misleading. I am not aware of any information that would cause me to believe that the information furnished is false or misleading. I am not aware of any information that would cause me to believe that the information furnished is false or misleading.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Approved by Bank LW

4/21/95

(305) 975-4200