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CSC

THE UNITED STATES

GORPORATION

THE UNITED STATES

ACCOUNT NO. :

072100000032

REFERENCE :

116514

5143985

AUTHORIZATION /

COST LIMIT

7:4

ORDER DATE: January 28, 1999

ORDER TIME :

10:11 AM

ORDER NO. :

116514

CUSTOMER NO:

5143985

CUSTOMER:

Stephen Dillemuth, Corp Spec.

Ameripath, Inc.

7289 Garden Road

Suite 200

Riviera Beach, FL 33404

FEB - I

400002759934--5

CHANGE OF AGENT

NAME:

INTERPATH LABORATORIES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

99 FEB - 1 AH IO: 45

De 2/1

Florida Department of State, Sandra B. Mortham, Secretary of State

*** FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provis	sions of sections 607.0502, 617.0	0502, 607.1508, or 61	7.1508, Florida Statutes, the
undersigned corporation	on organized under the laws of the	ne State of Florida	aistered agent or both in the
	statement in order to change its	registered office or rea	state real argents, or botts, at the
State of Florida.		MODIEC INC	
1. The name of the cor	rporation is: INTERPATH LABORA	TORIES, INC.	
<u> </u>		<u> </u>	
2. The mailing address	s of the corporation is: 7289 Gar	den Road #200, Riv	iera Beach, FL 33404
	-	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		D	- Dalmmag/
3. Date of incorporation	on/qualification: 02/07/94	Document n	umber: [97[W]/V]
4. The name and addre	ess of the current registered agen	t and office:	
<u>Dixon</u>	,Sharon Q		a and a few fields
150 W	1. Flagler Street, 2200 Mus	eum Tower	TSE 39
	00100		异 田 円
5. The name and addr	ress of the new registered agent a	nd office: (P. O. Box I	Not Acceptable)
Corpo	ration Service Company		
1201	Hays Street		95 2
Talla	hassee, FL 32301		10 K 82
The street address of agent, as changed, w	f its registered office and the str vill be identical.	eet address of the bu	siness office of its registered
Such change was au	thorized by resolution duly ado ard.	pted by its board of d	lirectors or by an officer so
authorized by the bo	ard.		1.166
	alley on	operd)	Date
(Signature of an o	fficer, chairman of vice chairman of the b	ioaru)	(Date)
Alan Levin M.D., P	resident		
	(Printed or typed name and title)		(Date)
Having been named	as registered agent and to access accept the appointment as rej	ept service of process gistered agent and ag	ree to act in this capacity.
I further agree to co	as registered agent and to acce y accept the appointment as res mply with the provisions of all s luties, and I am familiar with a	statutes relative to the	e proper and complete ion of my position as
registered agent.	unies, ana i am jammar with a	na accept me co a.g.m	
Γ	y a Gilbert		1/29/99
(Signati	ure of Registered Agent)		(Date)
If signing on behalf of a	in entity:		
	=Y A. GILBERT		ASST. SEC
	l or Printed Name)		(Capacity)

CR2E045(3/96)