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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000022210 (6) DOCUMENT #

HERBERT J. GERBER, M.D., P.A.

Principal Place of Business Mailing Address MEMORIAL HOSPITAL. DEPT. OF PATHOLOGY **3501 JOHNSON STREET** 3501 JOHNSON STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

FILED Feb 26 1998 8:00am Secretary of State



MEMORIAL HOSPITAL, DEPT. OF PATHOLOGY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0482853 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 26 Trust Fund Contribution Added to Fees Žφ Country Z(p)8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. X Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GERBER, HERBERT J MEMORIAL HOSPITAL, DEPT. OF PATHOLOGY 82 Street Address (P.O. Box Number is Not Acceptable) 3501 JOHNSON STREET HOLLYWOOD FL 33021 63 City Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and this if applicable (NOT). Registered Agent signature required when reinstating) 10097 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition GERBER, HERBERT J. NAME 1.2 NAME 3501 JOHNSON STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 6 i TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 five and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or disable up powered 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 alternative field in the same legal effect as if made under eath; that I am an officer or director of the corporation or the received each chapter for the same legal effect as if made under eath; that I am an officer or director of the corporation or the received each chapter for the same legal effect as if made under eath; that I am an officer or director of the corporation or the received each chapter for the same legal effect as if made under eath; that I am an officer or director of the corporation or the received each chapter for the received each chapt

SIGNATURE:

J. Gengen 2/19/94/954-434-1398