FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000024001 (6)**

1. Corporation Name
PATHOLOGY MANAGEMENT CONSULTANTS, P.A.

Principal Place of Business
CEDARS MEDICAL CENTER
1400 NW 12 AVE
MIAMI FL 33136

Mailing Address
CEDARS MEDICAL CENTER
1400 NW 12 AVE
MIAMI FL 33136

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report:

4. FEI Number: 65-0558664 ☐ Applied For ☐ 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

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

2. Principal Place of Business
21 AVENTURA Hospital
22 20900 Biscayne Blvd
23 AVENTURA FLA
24 Zip 33180 25 County USA

2a. Mailing Address
26 AVENTURA Hospital
27 20900 Biscayne Blvd
28 AVENTURA FLA
29 Zip 33180 30 Country USA

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. Signature(s) required only when changing registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S) Date

12. OFFICERS AND DIRECTORS

D
VILLA, LUIS JR.
CEDARS MEDICAL CENTER 1400 NW 12 AVE
MIAMI FL 33136

D
MORJAIM, ISADORO
CEDARS MEDICAL CENTER 1400 NW 12 AVE
MIAMI FL 33136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this report is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report with my address.

SIGNATURE: J Morjaim MD (Isidoro Morjaim M.D.) 2/1/96 (305) 682-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
Vice President

CR2E034 (12/95)