

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
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**

2. Principal Place of Business

21. **AVENTURA HOSPITAL**

22. **20900 BISCAYNE BLVD**

23. **AVENTURA FLA**

24. **33180** 25. **USA**

2a. Mailing Address

26. **AVENTURA HOSPITAL**

27. **20900 BISCAYNE BLVD**

28. **AVENTURA FLA**

29. **33180** 30. **USA**

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

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 Sections 607.011 and 607.012, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office
principal place of business, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, hereby accept the appointment as registered agent. I am
further authorized to accept the appointment of Secretary of the corporation.

SIGNATURE

DATE

DATE

12.

OFFICERS AND DIRECTORS

12.1

D

VILLA, LUIS JR.

☐ DELETED

**CEDARS MEDICAL CENTER 1400 NW 12 AVE
MIAMI FL 33136**

12.2

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MORJAIM, ISADORO

☐ DELETED

**CEDARS MEDICAL CENTER 1400 NW 12 AVE
MIAMI FL 33136**

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, STATE

13.5 ZIP

13.6 TITLE

☐ Change ☐ Addition

13.7 NAME

13.8 STREET ADDRESS

13.9 CITY, STATE

13.10 ZIP

13.11 TITLE

☐ Change ☐ Addition

13.12 NAME

13.13 STREET ADDRESS

13.14 CITY, STATE

13.15 ZIP

13.16 TITLE

☐ Change ☐ Addition

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY, STATE

13.20 ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, STATE

13.25 ZIP

13.26 TITLE

☐ Change ☐ Addition

13.27 NAME

13.28 STREET ADDRESS

13.29 CITY, STATE

13.30 ZIP

13.31 TITLE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further
certify that the information and data 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name
appears on Block 12 or Block 13 of this report or supplemental report with an address.

SIGNATURE:

Isidoro Morjaim M.D.

2/1/96

(305) 682-7360

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)