

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000050985

1. Entity Name
MIAMI CHILDREN'S HOSPITAL PATHOLOGISTS, P.A.



Principal Place of Business
**3100 S.W. 62ND AVENUE
MIAMI, FL 33155**

Mailing Address
**C/O DON COHEN, CPA
P.O. BOX 812170
BOCA RATON, FL 33481-2170**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0596573

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELNICK, STEVEN
3100 S.W. 62ND AVENUE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000628638
02/16/07-80027-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELNICK, STEVEN
3100 S.W. 62ND AVE.
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

561-988-8890

Daytime Phone #