

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90141 009 \*\*\*150.00

**DOCUMENT # P95000068214**

1. Entity Name  
**HEARTLAND PATHOLOGY ASSOCIATES, P.A.**



Principal Place of Business  
**2701 AVON BLVD.  
AVON PARK FL 33825**

Mailing Address  
**P. O. BOX 1416  
BLUE SPRINGS MO 64013  
US**

2. Principal Place of Business  
**P.O. Box 1707**  
Suite, Apt. #, etc.

3. Mailing Address  
**700 Hearnese**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**AVON PARK, FL.**  
Zip  
**33825**  
Country

City & State  
**Blue Springs MO**  
Zip  
**64015**  
Country

4. FEI Number **65-0599581**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RADA, DINI DR  
2701 AVON BLVD.  
AVON PARK FL 33825**

**7. Name and Address of New Registered Agent**

Name **RADA, DINI H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2700 N. AVON BLVD.**  
City **AVON PARK** **FL** Zip Code **33825**

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 **Dini H. Rada**  
Signature, typed or printed name of registered agent and title if applicable.

**2/28/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENSOLIN, ESTRELLITA B</b> <b>2701 AVON BLVD.</b> <b>AVON PARK FL 33825</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RADA, DINI H</b> <b>2481 N TOUCON ROAD</b> <b>AVON PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ERROR</b> <b>2700 N. AVON BLVD.</b> <b>AVON PARK, FL 33825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RADA, DINI H</b> <b>2700 N. AVON BLVD.</b> <b>AVON PARK, FL 33825</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03** **863-402-3453**  
Date Daytime Phone #

09593405 AR

CR2E034 (10/02)