

**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 #** P95000069816  
1. Corporation Name

**INSTITUTE OF FREE RADICAL PATHLOGY, INC.**

**Principal Place of Business**  
7200 West Commercial Boulevard  
Suite 210  
Lauderhill, Florida 33319

**Mailing Address**  
7200 West Commercial Boulevard  
Suite 210  
Lauderhill, Florida 33319

**2. Principal Place of Business**  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

**2a. Mailing Address**  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**3. Date Incorporated or Qualified** 09-11-95  
**3a. Date of Last Report**  
**4. FEI Number** 65-0621710  
**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**

WOLFSON, ANDREA L  
4491 South State Road 7  
Suite #314  
Davie, FL 33314

**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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** *Herbert R. Slavin* **Herbert R. SLAVIN** **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>President</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	Herbert R. Slavin, M.D.	
<b>STREET ADDRESS</b>	7200 West Commercial Boulevard #210	
<b>CITY - ST - ZIP</b>	Lauderhill, FL 33351	
<b>TITLE</b>	<b>George Kindness, M.D.</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	George Kindness, M.D.	
<b>STREET ADDRESS</b>	7202 Stonebrook Court	
<b>CITY - ST - ZIP</b>	Middletown, OH 45044	
<b>TITLE</b>	<b>Debbie Slavin</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	Debbie Slavin	
<b>STREET ADDRESS</b>	7200 West Commercial Boulevard #210	
<b>CITY - ST - ZIP</b>	Lauderhill, FL 33351	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1 TITLE</b>	
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b>	
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b>	
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

000001847830  
-06/03/96--01035--033  
\*\*\*200.00

CE 5-1-96

**14. I do 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)(k), Florida Statutes. I further certify that the information indicated 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 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 on an attachment with an address.**

**SIGNATURE:** *Herbert R. Slavin* **Herbert R. SLAVIN** **4-30-96** **954-748-4991**