

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013736 (9)

1. Corporation Name

AMERIPATH FLORIDA, INC.



Principal Place of Business 800 CYPRESS CREEK RD #200 FORT LAUDERDALE FL 33334	Mailing Address 800 CYPRESS CREEK RD #200 FORT LAUDERDALE FL 33334-3522
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2. Principal Place of Business 21 7289 Garden Road Suite, Apt. #, etc. 22 Suite # 200 City & State 23 Riviera Beach, FL Zip 24 33404		2a. Mailing Address 26 7289 Garden Road Suite, Apt. #, etc. 27 Suite # 200 City & State 28 Riviera Beach, FL Zip 29 33404		3. Date Incorporated or Qualified 02/13/1996		3a. Date of Last Report	
				4. FEI Number 65-0641688		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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			
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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

Signature: Typed or printed name of registered agent and title if applicable.

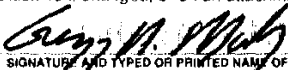
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEW, JAMES C			1.2 NAME			
STREET ADDRESS	% 8081 NORTHEAST 14TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33334			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V/S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	WYNN, ROBERT P.		
STREET ADDRESS				2.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE #200		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	MARSH, GREGORY A.		
STREET ADDRESS				3.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE # 200		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	MANAGING DIRECTOR-ORLANDO	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	KILPATRICK MD, TIMOTHY		
STREET ADDRESS				4.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE # 200		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	MANAGING DIRECTOR-SW FL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	LEVINE MD, STEVEN E.		
STREET ADDRESS				5.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE # 200		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	MANAGING DIRECTOR-GULF COAST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	FERNANDEZ MD, RICHARD		
STREET ADDRESS				6.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE # 200		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		

14. I do 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



GREGORY A. MARSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Date

561-845-1850

Daytime Phone #

0289008

CR2E034 (9/96)