

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90098 044 ***150.00

DOCUMENT # P96000013736

1. Entity Name

AMERIPATH FLORIDA, INC.

Principal Place of Business

7289 GARDEN ROAD
 SUITE 200
 RIVIERA BEACH FL 33404
 US

Mailing Address

7289 GARDEN ROAD
 SUITE 200
 RIVIERA BEACH FL 33404
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0641688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Delete
 NAME **NEW, JAMES C**
 STREET ADDRESS **7289 GARDEN RD., STE. 200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **President, Director** ☐ Change ☒ Addition
 NAME **BRIAN C CARR**
 STREET ADDRESS **7289 GARDEN Road, Suite 200**
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **VSTD** ☒ Delete
 NAME **WYNN, ROBERT P**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ALAN LEVIN, M.D.**
 STREET ADDRESS **7289 GARDEN Road, Suite 200**
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **AS** ☐ Delete
 NAME **MARSH, GREGORY A.**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **VP / sec / Treas / Director** ☒ Change ☐ Addition
 NAME **JAMES E. Billington**
 STREET ADDRESS **7289 GARDEN ROAD, Suite 200**
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **MD** ☒ Delete
 NAME **KILPATRICK MD, TIMOTHY**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **JAMES C. New**
 STREET ADDRESS **7289 GARDEN Road, Suite 200**
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **MD** ☒ Delete
 NAME **LEVINE MD, STEVEN E**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **MD** ☐ Change ☐ Addition
 NAME **FERNANDEZ MD, RICHARD**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **MD** ☒ Delete
 NAME **FERNANDEZ MD, RICHARD**
 STREET ADDRESS **7289 GARDEN ROAD, SUITE #200**
 CITY-ST-ZIP **RIVIERA BEACH FL**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory A. Marsh

Gregory A. Marsh

4/30/01

561 845-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)