

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057376 (0)
1. Corporation Name
CENTRAL FLORIDA PATHOLOGY ASSOCIATES, P.A.

Principal Place of Business: 601 E. ROLLINS ST. ORLANDO FL 32801
Mailing Address: 601 E. ROLLINS ST. ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 601 E. ROLLINS ST Suite, Apt. #, etc		2a. Mailing Address 26 2809 E. JACKSON ST. Suite, Apt. #, etc		4. FEI Number 59-3468427		Applied For Not Applicable	
3 City & State 3 ORLANDO, FL		28 City & State ORLANDO, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
4 Zip 32803 Country		29 Zip 32803 Country		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
						\$5.00 May Be Added to Fees	
						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOYOS, ELIN V. 601 E. ROLLINS ST. ORLANDO, FL 32801				10. Name and Address of New Registered Agent			
				81 Name ELIN V. SATORY-DeHOYOS			
				82 Street Address (P.O. Box Number is Not Acceptable) 601 E. ROLLINS ST.			
				83			
				84 City ORLANDO			
				FL		85 Zip Code 32803	

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 register 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOLCOMB, RODNEY F	1.2 NAME	
STREET ADDRESS	601 E ROLLINS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	ZIP 32803
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SATORY-DeHOYOS, ELIN V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOYOS, ELIN V. SATORY-DeHOYOS, ELIN V.	2.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST.	2.3 STREET ADDRESS	ZIP 32803
CITY-ST-ZIP	ORLANDO, FL 32801	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ANDERSON, BRUCE V	3.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST.	3.3 STREET ADDRESS	ZIP 32803
CITY-ST-ZIP	ORLANDO, FL 32801	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	QUARDA, LUIS A.	4.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST.	4.3 STREET ADDRESS	ZIP 32803
CITY-ST-ZIP	ORLANDO, FL 32801	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RADI, MICHAEL M. J.	5.2 NAME	RADI, MICHAEL J.
STREET ADDRESS	601 E. ROLLINS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	ZIP 32803
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PERNICONE, PETER	6.2 NAME	800002517308
STREET ADDRESS	601 E. ROLLINS ST.	6.3 STREET ADDRESS	-05/08/98--01080--017
CITY-ST-ZIP	ORLANDO FL 32801	6.4 CITY-ST-ZIP	***150.00

14. 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 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: *P. Doe* (ELIN V. SATORY-DeHOYOS) 4-10-98