

P98000054440

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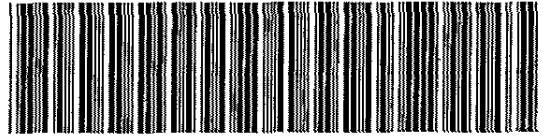
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GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN ***
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- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL. M. IN ESTATE PLANNING

August 9, 2005

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TARPON SPRINGS PATHOLOGY ASSOCIATES, P.A.
Document Number P98000054440

Dear Sirs/Madams:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Alan S. Gassman
Gassman, Bates & Associates, P.A.
1245 Court Street, Suite 102
Clearwater, FL 33756

For further information concerning this matter, please call Tina Arvin at 727-442-1200.

Enclosed is a \$35.00 check made payable to the Department of State.

Best personal regards,


Alan S. Gassman

ASG:tja
Enclosures

cc: Stephen F. Morris, M.D. (w/ encl)
Hal Hershkowitz, CPA (w/ encl)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TARPON SPRINGS PATHOLOGY ASSOCIATES, P.A.
2. The principal office address: 5039 CENTRAL AVENUE
ST. PETERSBURG, FL 33710-8240
3. The mailing address: SAME AS ABOVE
4. Date of incorporation: 06/17/1998 Document Number: P98000054440
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JEFFREY B. SMITH
1545 WILLOW BROOK DRIVE
PALM HARBOR, FL 34683


6. The name and street address of the new registered agent and registered office:

HAL HERSHKOWITZ, C.P.A.
5039 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


STEPHEN MORRIS, M.D.

STEPHEN MORRIS, M.D., OFFICER

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


HAL HERSHKOWITZ, C.P.A.

Date

8/4/05

If signing on behalf of an entity:

FILING FEE: \$35.00

(Typed or printed name)

J:\M\Morris, Stephen\TARPON SPRINGS PATHOLOGY MINUTE BOOK UPDATE\Statement of Change of Registered Agent.1.wpd
tja 7/28/05