

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR 18 PM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 711468 (9)**  
 1. Corporation Name  
**FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.**

Principal Place of Business <b>9 GOLFVIEW CIRCLE NE WINTER HAVEN FL 33881 US</b>	Mailing Address <b>9 GOLFVIEW CIRCLE NE WINTER HAVEN FL 33881 US</b>
---	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/12/1966</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>59-6177312</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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  
**FERRON, DORIS C  
9 GOLFVIEW CIRCLE NE  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SIMMONS, JOAN</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3620 TIGER POINT BLVD</b>	CITY-ST-ZIP <b>GULF BREEZE FL</b>	1.2 NAME	
TITLE <b>TD</b>	NAME <b>FERRON, DORIS C</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>9 GOLFVIEW CIRCLE NE</b>	CITY-ST-ZIP <b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>VALOIS, PEGGY</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1515 E. LLOYD ST</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	2.2 NAME	
TITLE <b>PD</b>	NAME <b>VANDERHEYDEN, BRENDA</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>2007 DEERFIELD CR</b>	CITY-ST-ZIP <b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>TAYLOR, ROBBIE</b>	
TITLE	NAME	3.3 STREET ADDRESS <b>928 15TH STREET, N.E.</b>	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>WINTER HAVEN, FLORIDA 33881</b>	
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 11B.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris C. Ferron 4/14/95 813-680-7175  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #