

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 SEP 10 PM 12:11

DOCUMENT # 711468 (9)
 1. Corporation Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.



Principal Place of Business: 9 GOLFVIEW CIRCLE NE, WINTER HAVEN FL 33881 US
 Mailing Address: 9 GOLFVIEW CIRCLE NE, WINTER HAVEN FL 33881 US

3. Date Incorporated or Qualified: 09/12/1966
 3a. Date of Last Report: 04/18/1995
 4. FEI Number: 59-6177312
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
 2a. Mailing Address (25-30):
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 30)

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	SIMMONS, JOAN	1.2 NAME	CATHY WEHLING
STREET ADDRESS	3620 TIGER POINT BLVD	1.3 STREET ADDRESS	1010 ROCKY BAYOU ROAD
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	TD	2.1 TITLE	SECRETARY
NAME	FERRON, DORIS C	2.2 NAME	SHARON MCGLEDON
STREET ADDRESS	9 GOLFVIEW CIRCLE NE	2.3 STREET ADDRESS	1230 MEIGS DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	PD	3.1 TITLE	
NAME	TAYLOR, ROBBIE	3.2 NAME	200001951472
STREET ADDRESS	928 15TH STREET, N.E.	3.3 STREET ADDRESS	-09/19/96--01010--019
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD	4.1 TITLE	
NAME	VANDERHEYDEN, BRENDA	4.2 NAME	
STREET ADDRESS	2007 DEERFIELD CR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 119.07(3)(k), 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 Date: 8/5/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)