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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 711468 (9)

1. Corporation Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.



Principal Place of Business

Mailing Address

9 GOLFVIEW CIRCLE NE
WINTER HAVEN FL 33881
US

9 GOLFVIEW CIRCLE NE
WINTER HAVEN FL 33881-4302
US

3. Date Incorporated or Qualified
09/12/1966

3a. Date of Last Report
09/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-6177312

Applied For

Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRON, DORIS C
9 GOLFVIEW CIRCLE NE
WINTER HAVEN FL 33881

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

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 PD DELETE

11 TITLE Change Addition

NAME WEHLING, CATHY
STREET ADDRESS 1010 ROCKY BAYOU ROAD
CITY - ST - ZIP NICEVILLE FL 32578

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE TD DELETE

2.1 TITLE Change Addition

NAME FERRON, DORIS C
STREET ADDRESS 9 GOLFVIEW CIRCLE NE
CITY - ST - ZIP WINTER HAVEN FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD DELETE

3.1 TITLE Change Addition

NAME MCCLEDON, SHARON
STREET ADDRESS 1230 MEIGS DRIVE
CITY - ST - ZIP NICEVILLE FL 32578

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

941-680-7175

Date

Daytime Phone # 0054606

CR2E037 (9/96)