


FILE NOW: FILING FEE IS \$61.25 *check 127*

FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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>
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3. Date Incorporated or Qualified  
**09/12/1966**

4. FEI Number  
**59-6177312**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 15539 SW 69 Street</b>	2a. Mailing Address <b>2a 15539 SW 69 Street</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami, FL</b>	City & State <b>2a Miami, FL</b>
Zip <b>24 33193</b>	Country <b>25</b>
Country <b>26</b>	Zip <b>29 33193</b>
Country <b>27</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 <b>MIRTHA M. SANABIA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15539 SW 69 Street</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33193</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 has been 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: *Mirtha M. Sanabia* *Sandra B. Mortham* **4-28-98**

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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE <b>WEHLING, CATHY 1010 ROCKY BAYOU ROAD NICEVILLE FL 32578</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b>
NAME		1.2 NAME <b>ALICIA ZUNIGA</b>
STREET ADDRESS		1.3 STREET ADDRESS <b>113 NE Second Ave.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Miami Shores, FL 33161</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE <b>FERRON, DORIS C 9 GOLFVIEW CIRCLE NE WINTER HAVEN FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE <b>MCCLEDON, SHARON 1230 MEIGS DRIVE NICEVILLE FL 32578</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>Mirtha M. Sanabia</b>
STREET ADDRESS		3.3 STREET ADDRESS <b>15539 SW 69 Street</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>MIAMI Miami, FL 33193</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>Deshratn Asthana</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>9501 SW 81 Ave. Miami, FL 33156-7414</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MIRTHA M. SANABIA* *Sandra B. Mortham* **4-28-98** **(305) 633-6461 x 7131**

CR2E037 (10/97)