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Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711468

1. Corporation Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.

Principal Place of Business

15539 SW 69 ST  
MIAMI FL 33193  
US

Mailing Address

15539 SW 69 ST  
MIAMI FL 33193  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/12/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6177312

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANABIA, MIRTHA M  
15539 SW 69 ST  
MIAMI FL 33193

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 *Mirtha M. Sanabia*  
Signature, typed or printed name of registered agent and title if applicable.

MIRTHA M. SANABIA - TREASURER

5-20-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME ZUNIGA, ALICIA  
STREET ADDRESS 113 NE 2ND AVE  
CITY-ST-ZIP MIAMI SHORES FL 33161

1.1 TITLE  Change  Addition  
1.2 NAME LYNN ULMER  
1.3 STREET ADDRESS 101 MARLA LAKE  
1.4 CITY-ST-ZIP LONGWOOD, FL 32750

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

2.1 TITLE T  Change  Addition  
2.2 NAME ANA MARIA FIALLO  
2.3 STREET ADDRESS 260 NW 107 AVE. #101  
2.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE TD  DELETE  
NAME SANABIA, MIRTHA M  
STREET ADDRESS 15539 SW 69 ST  
CITY-ST-ZIP MIAMI FL 33193

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ASTHANA, DESHRATN  
STREET ADDRESS 9501 SW 81 AVE  
CITY-ST-ZIP MIAMI FL 33156

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(l), 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, with all other like empowered.

SIGNATURE: *Mirtha M. Sanabia*

MIRTHA M. SANABIA

TREASURER

Date

5-20-99

Daytime Phone #

305

633-6461

X713

CR2E037 (1/198)