

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711468

1. Entity Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE,

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90241 022 ****61.25

Principal Place of Business

Mailing Address

15539 SW 69 ST
MIAMI FL 33193
US

15539 SW 69 ST
MIAMI FL 33193-2130
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

260 NW 107 AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

59-6177312

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANABIA, MIRTHA M
15539 SW 69 ST
MIAMI FL 33193

Name ANA MARIA FIALLO

Street Address (P.O. Box Number is Not Acceptable)

260 NW 107 AVE. #101

City MIAMI

FL

Zip Code 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Ana Maria Fiallo - Treasurer*

1/11/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	ULMER, LYNN	
STREET ADDRESS	101 MARLA LANE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIALLO, ANA MARIA	
STREET ADDRESS	260 NW 107 AVE #101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANABIA, MIRTHA M	
STREET ADDRESS	15539 SW 69 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASTHANA, DESHRATN	
STREET ADDRESS	9501 SW 81 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana Maria Fiallo* ANA MARIA FIALLO 1/11/2000 305-593-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)