

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 048 ****61.25

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DOCUMENT # 711468

1. Entity Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE,

Principal Place of Business

Mailing Address

260 NW 107 AVE #101
 MIAMI FL 33172
 US

15539 SW 69 ST
 MIAMI FL 33193
 US

2. Principal Place of Business

3. Mailing Address

260 NW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1011

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33172

USA

4. FEI Number

59-6177312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANABIA, MIRTHA M
 260 NW 107 AVE #101
 MIAMI FL 33172

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

2/6/01

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 Delete
 NAME V
 STREET ADDRESS ULMER, LYNN
 CITY-ST-ZIP 101 MARLA LANE
 LONGWOOD FL 32750

TITLE Change Addition
 NAME President
 STREET ADDRESS Sanabia, Mirtha M.
 CITY-ST-ZIP 15539 SW 69 St.
 MIAMI, FL 33193

TITLE Delete
 NAME T
 STREET ADDRESS FIALLO, ANA MARIA
 CITY-ST-ZIP 260 NW 107 AVE #101
 MIAMI FL 33172

TITLE Change Addition
 NAME Vice-President
 STREET ADDRESS Marilyn Barbour
 CITY-ST-ZIP 3209 Virginia Ave.
 Ft. Pierce, FL 34981

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

TITLE Change Addition
 NAME Treasurer
 STREET ADDRESS ANA MARIA FIALLO
 CITY-ST-ZIP 260 NW 107 AVE #101
 MIAMI, FL 33172

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

TITLE Change Addition
 NAME Past President
 STREET ADDRESS Lynn Ulmer
 CITY-ST-ZIP 101 Marla Lane
 Longwood, FL 32750

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 2/6/01 305-593-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)