

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91186 021 ****61.25

DOCUMENT # 711468

1. Entity Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.

Principal Place of Business

Mailing Address

260 NW 107 AVE #101
 MIAMI FL 33172
 US

260 NW 107 AVE #101
 MIAMI FL 33172
 US

H0123780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6177312

Applied For

Not Applicable

Zip

Country

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

~~FIALLO, ANA MARIA
 260 NW 107 AVE #101
 MIAMI FL 33172~~

**ENRIQUETA NUNEZ
 6401 SW 23 ST
 MIAMI, FL 33155**

Name **ENRIQUETA NUNEZ**

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

6401 SW 23 ST

City **MIAMI**

FL

Zip Code **33155**

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

Enriqueta Nunez

5/28/02

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

TITLE **P** Change Addition
 NAME **MARILYN BARBOUR**
 STREET ADDRESS **3209 VIRGINIA AVE**
 CITY-ST-ZIP **FT. PIERCE, FL 34981**

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

TITLE **PE** Change Addition
 NAME **ANA MARIA FIALLO**
 STREET ADDRESS **260 NW 107 AVE #101**
 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**

TITLE **T** Change Addition
 NAME **ENRIQUETA NUNEZ**
 STREET ADDRESS **6401 SW 23 ST**
 CITY-ST-ZIP **MIAMI, FL 33155**

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

TITLE **P** Change Addition
 NAME **MIRTHA M. SANABIA**
 STREET ADDRESS **15539 SW 69 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33193**

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:

Enriqueta Nunez

5/28/02

305-243-6288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)