


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711468 1. Entity Name FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.	
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FILED

04 FEB 26 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 260 NW 107 AVE #101 MIAMI, FL 33172 US 11456 Night Heron Drive Naples, FL 34119	Mailing Address 260 NW 107 AVE #101 MIAMI, FL 33172 US 11456 Night Heron Drive Naples, Florida 34119
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02232004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent NUNEZ, ENRIQUETA 6401 S.W. 23 STREET MIAMI, FL 33155	7. Name and Address of New Registered Agent Name Dr. Halcyon St. Hill Street Address (P.O. Box Number is Not Acceptable) 11456 Night Heron Drive City Naples, FL Zip Code 34119
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dr. Halcyon St. Hill* Halcyon St. Hill, President 2/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	FIALLO, ANNA MARIA
STREET ADDRESS	260 NW 107 AVE #101
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	PED <input type="checkbox"/> Delete
NAME	ST. HILL, HALCYON
STREET ADDRESS	11456 NIGHT HERON DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PPD <input checked="" type="checkbox"/> Delete
NAME	BARBOUR, MARILYN
STREET ADDRESS	3209 VIRGINIA AVE
CITY-ST-ZIP	FORT PIERCE, FL 34981
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Halcyon St. Hill
STREET ADDRESS	11456 Night Heron Drive
CITY-ST-ZIP	Naples, Florida 34119
TITLE	President-Elect (PED) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Parsons
STREET ADDRESS	5417 NW 234th Ave
CITY-ST-ZIP	Alachua, Florida 32615
TITLE	Past President (PPD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ana Maria Fiallo
STREET ADDRESS	260 NW 107 Ave #101
CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800029594458
CITY-ST-ZIP	03/01/04--01047--003 **8.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800029594458
CITY-ST-ZIP	03/01/04--01047--004 **61.25
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: *Dr. Halcyon St. Hill* Halcyon St. Hill President Fscs 2/23/04 (239) 590-7496
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #