


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90180 012 ****70.00

DOCUMENT # 711468

1. Entity Name
FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.



Principal Place of Business
 11456 NIGHT HERON DRIVE
 NAPLES, FL 34119 US

Mailing Address
 11456 NIGHT HERON DRIVE
 NAPLES, FL 34119 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-6177312

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ST HILL, HALCYON DR
 11456 NIGHT HERON DR
 NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOUR, MARTLYN 3200 VIRGINIA AVE FORT PIERCE, FL 34981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPPD ST. HILL, HALCYON DR 11456 NIGHT HERON DR NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD PARSON, JUDY 5447 NW 234TH AVE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RENERQUIA, CARLA 10315 VENITA REAL AVE, APT 107 TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Heather Crookston 544 Casa Marina Place Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Barbour Marilyn 3200 Virginia Ave Fort Pierce, FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Jo Anne Koch Health Central Lab 1000 West Colonial Blvd Orlando FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Myra Soto Florida Hospital Fish Memorial Lab Dept. 1055 Saxon Blvd Orange City FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date: **4/23/07** Daytime Phone #: **(239) 287-5723**

ATTACHMENT

40085139

#711468



Florida Society for Clinical Laboratory Science

Meetings	President Heather Crookston 544 Casa Marina Place Sanford, FL 32771 Home: (407)323-0554 Florida Hospital Fish Memorial Work: (386) 917-5155 E-mail: heathercrookston@bellsouth.net	Past-President ,Webmaster Marilyn Barbour 3209 Virginia Ave. Ft. Pierce, FL 34981 Work: (772) 462-7534 Home: (772) 388-5354 Email: Mbarbour@ircc.edu 48mbarb@comcast.net	Treasurer/Bylaws/Scholarship Halcyon St. Hill College of Health Professions Florida Gulf Coast University 10501 FGCU Blvd. : Fort Myers, FL 3396 Work: (239) 590-748 FAX: (239) 590-747 Email: hsthill@fgcu
FlorOcular	Membership Development Chair, District I Director Judy Parsons 5417 NW 234th Ave. Alachua, FL 32615 Work: 800-373-3008 ext. 8117 FAX: (386) 462-0543 Email: jip.cls@excite.com	District II Director,Editor of FlorOcular Elizabeth "Beth" Jones Community Technical and Adult Education Center Medical Laboratory Programs 1014 SW 7th Road Ocala, FL 34474 Phone 352-671-7219 Cell 352-208-6710 Fax 352-671-7221 Email: Beth.Jones@marion.k12.fl.us	NMLW Chair, Distr Director, Chair Professional & Put Relations Lynn Ulmer 101 Marla Lane Longwood, FL 3275 Work: (321)841-816 Home: (407) 332-88 FAX: (407) 843-554 Email: lynn.ulmer@
Key Contacts	President-Elect Jo Anne Koch Health Central Laboratory 10000 West Colonial Drive Ocoee, FL 34751 W: (407) 296-1120 Fax: (407) 253-1673 Brighton at Kings Ridge 3829 Doune Way Clermont, Florida 34711 Mobile number: (352) 255 5201 jkoch@bellsouth.net	Secretary Myra Soto Florida Hospital Fish Memorial Laboratory Department 1055 Saxon Blvd. Orange City, FL 32738 Work Phone: 386-917-5155 Email: myra.soto@fhfm.org	P.A.C.E. Coordinat Elaine Staley,MT(AS Laboratory Compliance Officer St. Luke's Hospital 4201 Belfort Rd. Jacksonville, FL.322 Phone: 904-296-568 904-296-4089 e-mail: staley.elaine@mayc
Links	Member at Large A. Casey Ceasor P.O. Box 30557 Wilmington, DE 19805 Home (302) 655-3166	First Year Professional Director Richard Dagneau 2755 SE Caladium Avenue Port St. Lucie, FL 34952	District IV Director/Governme Affairs Chair Carla Renfrow W: (239) 768-0600 NeoGenomics, Inc.
Application			
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Contact			
Mission Statement			