


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90056 042 \*\*\*\*61.25

<b>DOCUMENT # 711468</b> 1. Entity Name FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.	
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Principal Place of Business 11456 NIGHT HERON DRIVE NAPLES, FL 34119 US	Mailing Address 11456 NIGHT HERON DRIVE NAPLES, FL 34119 US
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**DO NOT WRITE IN THIS SPACE**

03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6177312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ST HILL, HALCYON DR  
11456 NIGHT HERON DR  
NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROOKSTON, HEATHER 544 CASA MARINA PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPPD ST. HILL, HALCYON DR 11456 NIGHT HERON DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MARILYN, BARBOUR 3200 VIRGINIA AVE FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, JO ANNE 1000 WEST COLONIAL DRIVE OCOE, FL 34751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, MYRA 1055 SAXEN BLVD ORANGE CITY, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_