

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.

**Current Principal Place of Business:**

11456 NIGHT HERON DRIVE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

11456 NIGHT HERON DRIVE  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 59-6177312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ULMER, LYNN  
Address: 101 MARLA LANE  
City-St-Zip: LONGWOOD, FL 32092

Title: TPPD  
Name: ST. HILL, HALCYON DR  
Address: 11456 NIGHT HERON DR  
City-St-Zip: NAPLES, FL 34119

Title: PPD  
Name: MYRA, SOTO  
Address: 1740 MONTECITO AVENUE  
City-St-Zip: DELTONA, FL 32738

Title: PD  
Name: KOCH, JO ANNE  
Address: 1000 WEST COLONIAL DRIVE  
City-St-Zip: OCOEE, FL 34751

Title: S  
Name: SOTO, MYRA  
Address: 1055 SAXEN BLVD  
City-St-Zip: ORANGE CITY, FL 32738

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HALCYON ST. HILL

TPPD

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date