

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

FILED
Mar 20, 2012
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 ()

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

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

TPDD

03/20/2012

Electronic Signature of Signing Officer or Director

Date