

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murpham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **771297** (9)

1. Corporation Name

**THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

200 AVE F NE  
WINTER HAVEN FL 33881-1190

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WINTER HAVEN FL 33881-1190  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1983** 3a. Date of Last Report **03/11/1994**

4. FEI Number **59-2394060** Applied For  Not Applicable

2. Principal Place of Business 2b. Mailing Address  
21 **6301 Hazeltine National Dr.** 26 **6301 HAZELTIME NATIONAL DR**

Suite, Apt #, etc 27. Suite, Apt #, etc  
22 **#100** 27 **#100**

City & State 28. City & State  
23 **Orlando, FL** 28 **Orlando, FL**

Zip 25. Country 29. Zip 30. Country  
24 **32822** 25 **U.S.** 29 **32822** 30 **U.S.**

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

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, DAVID D  
HOLMES REGIONAL MEDICAL CENTER  
1350 S HICKORY ST  
MELBOURNE FL 32901**

81 Name **DAVID A BEIZER**  
82 Street Address (P.O. Box Number is Not Acceptable) **CURTIN MATHESON SCIENTIFIC**  
83 **6301 HAZELTIME NATIONAL DR #100**  
84 City **ORLANDO** FL 85 Zip Code **32822**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **David Beizer** **David Beizer** DATE **4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **PARKER, DAVID**  
STREET ADDRESS **1350 S HICKORY ST**  
CITY ST ZIP **MELBOURNE FL**

11 TITLE  Change  Addition  
12 NAME **DELETE**  
13 STREET ADDRESS  
14 CITY ST ZIP

TITLE **V**  
NAME **BEIZER, DAVID**  
STREET ADDRESS **6301 HAZELTIME NATIONAL DR**  
CITY ST ZIP **MELBOURNE FL**

21 TITLE **P**  Change  Addition  
22 NAME  
23 STREET ADDRESS **6301 HAZELTIME NATIONAL DR #100**  
24 CITY ST ZIP **ORLANDO FL 32822**

TITLE **T**  
NAME **STONE, CHERYL**  
STREET ADDRESS **1000 WEST COLONIAL DRIVE**  
CITY ST ZIP **OCFEE FL**

31 TITLE **T**  Change  Addition  
32 NAME **David Olinger**  
33 STREET ADDRESS **1807 Nephthie Drive**  
34 CITY ST ZIP **Melbourne Beach, FL 32951**

TITLE **D**  
NAME **ROBERTS, WALTER J.**  
STREET ADDRESS **200 AVENUE F, N.E.**  
CITY ST ZIP **WINTER HAVEN FL**

41 TITLE **D**  Change  Addition  
42 NAME **Lindy Bauer**  
43 STREET ADDRESS **1000 36 Street**  
44 CITY ST ZIP **Vero Beach, FL. 32960**

TITLE **S**  
NAME **HENNESSY, LOIS**  
STREET ADDRESS **201 N EUTIS ST**  
CITY ST ZIP **EUSTIS FL**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE **D**  
NAME **JOHNS, CYNTHIA**  
STREET ADDRESS **4325 HOMEWOOD LANE**  
CITY ST ZIP **WINTER HAVEN FL**

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David Beizer** **David Beizer** DATE **4/27/95** EX-702 800-727-3232