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May 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771297 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

6301 HAZELTIME NATIONAL DR. #100 ORLANDO FL 32822 US

see #10 below

6301 HAZELTIME NATIONAL DR. #100 ORLANDO FL 32822-5119 US

3. Date Incorporated or Qualified 11/16/1983

3a. Date of Last Report 07/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2394060

Applied For Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEIZER, DAVID A. CURTIN MATHESON SCIENTIFIC 6301 HAZELTIME NATIONAL DR. #100 ORLANDO FL 32822

81 Name JOHNSTON, ELIZABETH M  
82 Street Address (P.O. Box Number is Not Acceptable) 2040 HWY A1A #206  
83 Beach LAG  
84 City INDIAN HARBOUR BEACH FL 85 Zip Code 32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Elizabeth Johnston 5-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Johnson, Elizabeth; Beizer, David; Olinger, David; Bauer, Lindy; Hennessy, Lois; Johns, Cynthia.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Johnston, Elizabeth M; Vander Weide, Jean; Serra, Barbara; Navros, George; Oberwetter, Janke.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Serra 4/15/97 (407) 897-5600

CR25037 (9/96)