

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

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

FILED
Mar 22, 2017
Secretary of State
CC3730366786

Current Principal Place of Business:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119

Current Mailing Address:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119 US

FEI Number: 59-6177312

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	PD	Title	TPPD
Name	ULMER, LYNN	Name	ST. HILL, HALCYON DR
Address	101 MARLA LANE	Address	11456 NIGHT HERON DR
City-State-Zip:	LONGWOOD FL 32092	City-State-Zip:	NAPLES FL 34119
Title	VP		
Name	KAUR, TRIPAT		
Address	11456 NIGHT HERON DRIVE		
City-State-Zip:	NAPLES FL 34119		

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

TTPD

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date