

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

FILED
Mar 03, 2014
Secretary of State
CC9392197881

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

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 PPD
Name MYRA, SOTO
Address 1740 MONTECITO AVENUE
City-State-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

TTPD & FSCLS
TREASURER

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date