

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711468

**FILED  
Feb 08, 2018  
Secretary of State  
CC1030383361**

**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           PRESIDENT  
Name           MCNASBY, HEATHER  
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**

**TPPD TREASURER**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date