

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711468

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**7177278215CC**

**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: HALCYON ST. HILL

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TTPD  
Name ST. HILL, HALCYON DR.  
Address 11456 NIGHT HERON DRIVE  
City-State-Zip: NAPLES FL 34119

Title SECRETARY, PD  
Name ULMER, LYNN  
Address 101 MARLA LANE  
City-State-Zip: LONGWOOD FL 32092

Title PRESIDENT  
Name MARRERO-GREENE, EMILIA  
Address 11456 NIGHT HERON DRIVE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR, ASST. TREASURER  
Name PETERSON , EDWARD JOSEPH JR.  
Address 12155 NW 81ST COURT  
City-State-Zip: PARKLAND FL 33076

Title PRESIDENT-ELECT  
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

TTPD, TREASURER

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date