

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004588

**Entity Name:** FLORIDA CLINICAL LIGAND ASSAY SOCIETY INC.**Current Principal Place of Business:**15908 TREVOCE LANE  
ODESSA, FL 33556**Current Mailing Address:**15908 TREVOCE LANE  
ODESSA, FL 33556**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEAL, ALBERT VINCENT PHD  
15908 TREVOSE LANE  
ODESSA, FL 33556 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:** ALBERT HEAL

04/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name HEAL, ALBERT  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

Title DS  
Name DIAZ, DONNA  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

Title DT  
Name COUREY, MICHAEL  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

Title VP  
Name ROSE, ANDREA  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

Title D  
Name CRAWFORD, OLIVE  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

Title D  
Name SLOAN, STEPHANIE  
Address 15908 TREVOCE LANE  
City-State-Zip: ODESSA FL 33556

*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:** HEAL, ALBERT

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date