


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 027 ****61.25

DOCUMENT # 711468	
1. Entity Name FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.	

Principal Place of Business 11456 NIGHT HERON DRIVE NAPLES, FL 34119 US	Mailing Address 11456 NIGHT HERON DRIVE NAPLES, FL 34119 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6177312		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ST HILL, HALCYON DR 11456 NIGHT HERON DR NAPLES, FL 34119		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOUR, MARILYN 3209 VIRGINIA AVE FORT PIERCE, FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ST. HILL, HALCYON DR 11456 NIGHT HERON DR NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *title only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD PARSON, JUDY 5417 NW 234TH AVE ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RENFROUW, CARLA 10315 VENITIA REAL AVE, APT 107 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **PPD/Treasurer** 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #