2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90180 012 ****70.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number 59-6177312 — Applied For / Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ST HILL, HALCYON DR
11456 NIGHT HERON DR
NAPLES, FL 34119

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	~~BARBOUR, MARILYN~~	NAME	Heather Crookston
STREET ADDRESS	~~3200 VIRGINIA AVE~~	STREET ADDRESS	544 Casa Marina Place
CITY-ST-ZIP	~~FORT PIERCE, FL 34981~~	CITY-ST-ZIP	Sanford, FL 32771
TITLE	TPPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ST. HILL, HALCYON DR	NAME	
STREET ADDRESS	11456 NIGHT HERON DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	
TITLE	PPD ☒ Delete	TITLE	PPD ☒ Change ☐ Addition
NAME	~~PARSON, JUDY~~	NAME	Barbour Marilyn
STREET ADDRESS	~~5417 NW 234TH AVE~~	STREET ADDRESS	3200 Virginia Ave
CITY-ST-ZIP	~~ALACHUA, FL 32615~~	CITY-ST-ZIP	Fort Pierce, FL 34981
TITLE	PED ☒ Delete	TITLE	PED ☒ Change ☐ Addition
NAME	~~RENEROUW, CARLA~~	NAME	Jo Anne Koch
STREET ADDRESS	~~10315 VENITIA REAL AVE, APT 107~~	STREET ADDRESS	Health Central Lab
CITY-ST-ZIP	~~TAMPA, FL 33647~~	CITY-ST-ZIP	1000 West Colonial Drive Ocoee FL 34751
TITLE	☐ Delete	TITLE	S ☐ Change ☒ Addition
NAME		NAME	Myra Soto
STREET ADDRESS		STREET ADDRESS	Florida Hospital Fish Memorial Lab Dept.
CITY-ST-ZIP		CITY-ST-ZIP	1055 Saxon Blvd Orange City FL 32738
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/23/07 (239)287-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40085139
#711468

Florida Society for Clinica Laboratory Science

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Mission Statement

President Heather Crookston 544 Casa Marina Place Sanford, FL 32771 Home: (407)323-0554 Florida Hospital Fish Memorial Work: (386) 917-5155 E-mail: heathercrookston@bellsouth.net	**Past-President ,Webmaster** Marilyn Barbour 3209 Virginia Ave. Ft. Pierce, FL 34981 Work: (772) 462-7534 Home: (772) 388-5354 Email: Mbarbour@ircc.edu 48mbarb@comcast.net	**Treasurer/Bylaws/(Scholarship** Halcyon St. Hill College of Health Professions Florida Gulf Coast University 10501 FGCU Blvd. ; Fort Myers, FL 3396 Work: (239) 590-74 FAX: (239) 590-747 Email: hsthill@fgcu.
Membership Development Chair, District I Director Judy Parsons 5417 NW 234th Ave. Alachua, FL 32615 Work: 800-373-3008 ext. 8117 FAX: (386) 462-0543 Email: jjp.cls@excite.com	**District II Director,Editor of FlorOcular** Elizabeth "Beth" Jones Community Technical and Adult Education Center Medical Laboratory Programs 1014 SW 7th Road Ocala, FL 34474 Phone 352-671-7219 Cell 352-208-6710 Fax 352-671-7221 Email: Beth.Jones@marion.k12.fl.us	**NMLW Chair, Distr Director, Chair Professional & Pul Relations** Lynn Ulmer 101 Marla Lane Longwood, FL 3275 Work: (321)841-816 Home: (407) 332-89 FAX: (407) 843-554 Email: lynn.ulmer@
President-Elect Jo Anne Koch Health Central Laboratory 10000 West Colonial Drive Ocoee, FL 34751 W: (407) 296-1120 Fax: (407) 253-1673 Brighton at Kings Ridge 3829 Doune Way Clermont, Florida 34711 Mobile number: (352) 255 5201 jkoch@bellsouth.net	**Secretary** Myra Soto Florida Hospital Fish Memorial Laboratory Department 1055 Saxon Blvd. Orange City, FL 32738 Work Phone: 386-917-5155 Email: myra.soto@fhfm.org	**P.A.C.E. Coordinat** Elaine Staley,MT(AS Laboratory Compliai Officer St. Luke's Hospital 4201 Belfort Rd. Jacksonville, FL.322 Phone: 904-296-56 904-296-4089 e-mail: staley.elaine@mayc
Member at Large A. Casey Ceasor P.O. Box 30557 Wilmington, DE 19805 Home (302) 655-3166	**First Year Professional Director** Richard Dagneau 2755 SE Caladium Avenue Port St. Lucie, FL 34952	**District IV Director/Governme Affairs Chair** Carla Renfrow W: (239) 768-0600 NeoGenomics, Inc.