

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.

Current Principal Place of Business:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-6177312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROOKSTON, HEATHER
Address: 544 CASA MARINA PLACE
City-St-Zip: SANFORD, FL 32771

Title: TPPD () Delete
Name: ST. HILL, HALCYON DR
Address: 11456 NIGHT HERON DR
City-St-Zip: NAPLES, FL 34119

Title: PPD () Delete
Name: MARILYN, BARBOUR
Address: 3200 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34981

Title: PD () Delete
Name: KOCH, JO ANNE
Address: 1000 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34751

Title: S () Delete
Name: SOTO, MYRA
Address: 1055 SAXEN BLVD
City-St-Zip: ORANGE CITY, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ULMER, LYNN
Address: 101 MARLA LANE
City-St-Zip: LONGWOOD, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PPD (X) Change () Addition
Name: MYRA, SOTO
Address: 1740 MONTECITO AVENUE
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HALCYON ST. HILL

TPPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date