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Feb 27, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748098**

1. Corporation Name

**THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.**

Principal Place of Business

17710 NW 160 AVE  
WILLISTON FL 32696  
US

Mailing Address

17710 NW 160 AVE  
WILLISTON FL 32696  
US



2. Principal Place of Business

21 **11477 Tanager Court**

Suite, Apt. #, etc.

22 City & State

23 **Naples Florida**

Zip

24 **34119**

Country

25 **USA**

2a. Mailing Address

26 **11477 Tanager Court**

Suite, Apt. #, etc.

27 City & State

28 **Naples, Florida**

Zip

29 **34119**

Country

30 **USA**

3. Date Incorporated or Qualified

**07/17/1979**

4. FEI Number

**59-2038137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**JAMESON, SUSAN A**  
17710 NW 160 AVE  
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name **Michael D. Thomas**

82 Street Address (P.O. Box Number is Not Acceptable)

**11477 Tanager Court**

83

84 City **Naples**

**FL**

85 Zip Code  
**34119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Michael D. Thomas**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/28/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **THOMAS, MICHAEL**  
STREET ADDRESS **11477 TANAGER CT**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☐ DELETE  
NAME **PAT BEDDOW**  
STREET ADDRESS **4453 BEECHWOOD LK DR**  
CITY-ST-ZIP **NAPLES FL 33962**

TITLE **VD** ☐ DELETE  
NAME **CATHIE LYONS**  
STREET ADDRESS **5020 SAN JOSE BLVD #99**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **T** ☒ DELETE  
NAME **JAMESON, SUSAN**  
STREET ADDRESS **17710 NW 160TH AVE**  
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **S** ☐ DELETE  
NAME **MONTES, SILVIA**  
STREET ADDRESS **225 COBLE DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **CSD** ☐ DELETE  
NAME **KONRAD J MCDUGAL**  
STREET ADDRESS **1721 SW 98TH AVE**  
CITY-ST-ZIP **MIAMI FL 33165**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **VD** ☐ Change ☒ Addition  
4.2 NAME **Wilhelmina Pustai**  
4.3 STREET ADDRESS **11500 SW 64 street**  
4.4 CITY-ST-ZIP **Miami, Florida 33173**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael D. Thomas** **1/28/99** **941-262-6144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)