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Secretary of State
04-12-2005 90158 015 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748098

1. Entity Name
THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.

Principal Place of Business	Mailing Address
245 LEXINGDALE DRIVE ORLANDO, FL 32828 US	245 LEXINGDALE DRIVE ORLANDO, FL 32828 US

20030236

03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
27225 Sea Breeze Way	27225 Sea Breeze Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley-Chapel, FL	City & State: Wesley-Chapel, FL
Zip: 33543-6622 Country: USA	Zip: 33543-6622 Country: USA

4. FEI Number: 59-2038137 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRILL, ANTOINETTE 245 LEXINGDALE DRIVE ORLANDO, FL 32828	Name: Hilton Montes Jr Street Address (P.O. Box Number is Not Acceptable): 27225 Sea Breeze Way City: Wesley Chapel FL Zip Code: 33543

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: Treasurer April 2, 2005
Signature, type 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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRILL, ANTOINETTE 245 LEXINGTONDALE DRIVE ORLANDO, FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ~~T~~ Montes Jr, Hilton 27225 Sea Breeze Way Wesley Chapel, FL 33543
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KENDRICK, ADELIA 5809 WILDWOOD AVENUE SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Change ☐ Addition McDougal, Estela 1721 SW 98th ave Miami, FL 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, LYNDA 5989 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition Montes, Silvia 13717 74th ave N Seminole, FL 33776
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDISCH, WENDY 9844 SHERBROOK LANE JACKSONVILLE, FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition Kendrick, Adelia 5809 wildwood avenue Sarasota, FL 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, BRENDA 2605 SABLEWOOD DRIVE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD MCDOUGAL, KONRAD J 1721 SW 98TH AVE MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: April 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #