

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771297 (9)

1. Corporation Name

THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATORY  
MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6301 HAZELTIME NATIONAL DR.  
#100  
ORLANDO FL 32822  
US

6301 HAZELTIME NATIONAL DR.  
#100  
ORLANDO FL 32822  
US

3. Date Incorporated or Qualified  
11/16/1983

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2394060

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEIZER, DAVID A.  
CURTIN MATHESON SCIENTIFIC  
6301 HAZELTIME NATIONAL DR. #100  
ORLANDO FL 32822

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PARKER, DAVID  
STREET ADDRESS 1350 S HICKORY ST  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE P  
NAME BEIZER, DAVID  
STREET ADDRESS 6301 HAZELTIME NATIONAL DR. #100  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE Y  
NAME OLINGER, DAVID  
STREET ADDRESS 1807 NEPTUNE DRIVE  
CITY-ST-ZIP MELBOURNE BEACH FL

DELETE

TITLE D  
NAME BAUER, LINDY  
STREET ADDRESS 1000 36 STREET  
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE S  
NAME HENNESSY, LOIS  
STREET ADDRESS 201 N EUTIS ST  
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE D  
NAME JOHNS, CYNTHIA  
STREET ADDRESS 4325 HOMEWOOD LANE  
CITY-ST-ZIP WINTER HAVEN FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Elizabeth Johnson  
1350 S. Hickory St.  
Melbourne, FL.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0004567

CR2E037 (3/96)