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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
~~6301 HAZELTIME NATIONAL DR.~~
~~#100~~
~~ORLANDO FL 32822~~
~~US~~

See #10 below

Mailing Address
~~6301 HAZELTIME NATIONAL DR.~~
~~#100~~
~~ORLANDO FL 32822-5119~~
~~US~~

3. Date Incorporated or Qualified: 11/16/1983
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 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

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

10. Name and Address of New Registered Agent

81 Name: JOHNSTON, ELIZABETH M
82 Street Address (P.O. Box Number is Not Acceptable): 2040 HWY AIA #206
83: Beach LAB
84 City: INDIAN HARBOUR BEACH FL
85 Zip Code: 32937

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: Elizabeth Johnston — 5-19-97
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	JOHNSON, ELIZABETH	
STREET ADDRESS	1350 S. HICKORY ST	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	☒ DELETE
NAME	BEIZER, DAVID	
STREET ADDRESS	6301 HAZELTIME NATIONAL DR. #100	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☒ DELETE
NAME	OLINGER, DAVID	
STREET ADDRESS	1807 NEPTUNE DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	☐ DELETE
NAME	BAUER, LINDY	
STREET ADDRESS	1000 36 STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	☒ DELETE
NAME	HENNESSY, LOIS	
STREET ADDRESS	201 N EUTIS ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	☒ DELETE
NAME	JOHNS, CYNTHIA	
STREET ADDRESS	4325 HOMEWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	JOHNSTON, ELIZABETH	
1.3 STREET ADDRESS	2040 HWY AIA #206	
1.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	VANDER WEIDE, JEAN	
2.3 STREET ADDRESS	201 N. EUSTIS ST	
2.4 CITY-ST-ZIP	EUSTIS, FL 32726	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	SERRA, BARBARA	
3.3 STREET ADDRESS	601 E. ROLLINS ST.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32803	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	NAVROS, GEORGE	
5.3 STREET ADDRESS	502 W. HIGHLAND BLVD	
5.4 CITY-ST-ZIP	INVERNESS, FL 34452	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	OBERWETTER, JANICE	
6.3 STREET ADDRESS	2300 Fifth AVE	
6.4 CITY-ST-ZIP	VERO BEACH, FL 32960	

CRPE037 (9/96)

14. I do 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.

SIGNATURE: Barbara Serra — 4/15/97 — (407) 897-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017571