

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771297

**FILED**  
**May 24, 2004**  
**Secretary of State****Entity Name:** THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**1114 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US**New Principal Place of Business:**1119 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US**Current Mailing Address:**1114 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US**New Mailing Address:**1119 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US**FEI Number:** 59-2394060**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRASWELL, MAISIE  
1114 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US**Name and Address of New Registered Agent:**BRASWELL, MAISIE  
1119 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US

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:

05/24/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TURNER-JACYNO, JERRI  
Address: 1523 GLASTONBERRY RD  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: JANZEN, LYNN  
Address: 601 E. ROLLINS ST.  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: BRASWELL, MAISIE  
Address: 1114 BLACK ACRE TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: S ( ) Delete  
Name: NOVATKO, BRUCE  
Address: 875 STERTHAUS AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MILLER, MARTY  
Address: 120 AZALEA RD.  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: STRAIN, NANCY  
Address: 1880 PIONEER DR.  
City-St-Zip: LAKE LAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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: MAISIE BRASWELL

T

05/24/2004

Electronic Signature of Signing Officer or Director

Date