

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 771297

FILED
May 07, 2003
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:

Current Mailing Address:

1114 BLACK ACRE TRAIL
WINTER SPRINGS, FL 32708 US

New Mailing Address:

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:

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:

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
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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: BRASWELL, MAISIE

T

05/07/2003

Electronic Signature of Signing Officer or Director

Date