

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 # N06765 (4)

1. Corporation Name

GOLD COAST CHAPTER OF THE CLINICAL LABORATORY MA  
NAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MYRA NOVICKI, POMPANO BEACH MEDICAL CENTER  
600 SW THIRD  
POMPANO BEACH FL 33060

MYRA NOVICKI, POMPANO BEACH MEDICAL CENTER  
600 SW THIRD  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified  
12/20/1984

3a. Date of Last Report  
11/13/1995

2. Principal Place of Business

2a. Mailing Address

21 GOLD COAST CHAPTER - CLMIA

26 GOLD COAST CHAPTER - CLMIA

4. FEI Number  
59-2508644

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1323 SE 17th ST STE 161

27 1323 SE 17th ST STE 161

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 FT LAUDERDALE FL

28 FT LAUDERDALE FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33316

25 USA

29 33316

30 USA

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

NOVICKI, MYRA  
POMPANO BEACH MED CTR  
600 SW THIRD  
POMPANO BEACH FL 33060

81 Name

ALYN HANSEN

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

8430 BONITA ISLAND DR

83

84

LAKE WORTH

FL

85 Zip Code

33467

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)

6/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME GREENWOOD, LOURDES  
STREET ADDRESS CORAL SPRINGS MED CENTER  
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME NOVICKI, MYRA  
STREET ADDRESS POMPANO BEACH MED. CENTER  
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME MANGAL, JENNIFER  
STREET ADDRESS 10101 FOREST HILL BLVD.  
CITY-ST-ZIP W. PALM BCH. FL 33414

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME HARPER, CHRISTINE  
STREET ADDRESS 4360 NORTHLAKE BLVD, SUITE 108  
CITY-ST-ZIP PALM BEACH GARDENS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME HANSEN, ALYN  
STREET ADDRESS 8430 BONITA ISLAND DR.  
CITY-ST-ZIP LAKEWORTH FL 33467

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME MILLER, SHERRY  
STREET ADDRESS P.O. BOX 3166 N/A  
CITY-ST-ZIP W. PALM BCH. FL 33402

6.1 TITLE ☐ Change ☐ Addition  
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 #

0008125

CR2E037 (3/96)