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Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1323 SE 17TH STREET
SUITE 161
FT LAUDERDALE FL 33316
US1323 SE 17TH ST
SUITE 161
FT LAUDERDALE FL 33316-1707
US3. Date Incorporated or Qualified
12/20/19843a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, ALLYN
8430 BONITA ISLE DR
~~800 SW THIRD~~
LAKE WORTH FL 33467

81 Name

82

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

83

84

City 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME GREENWOOD, LOURDES
STREET ADDRESS CORAL SPRINGS MED CENTER
CITY-ST-ZIP CORAL SPRINGS FL1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3800 NW 116 TERR
SUNRISE FL 33333TITLE D ☐ DELETENAME NOVICKI, MYRA
STREET ADDRESS POMPANO BEACH MED. CENTER
CITY-ST-ZIP POMPANO BEACH FL2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE P ☐ DELETENAME MANGAL, JENNIFER
STREET ADDRESS 10101 FOREST HILL BLVD.
CITY-ST-ZIP W. PALM BCH. FL 334143.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME HARPER, CHRISTINE
STREET ADDRESS 4360 NORTHLAKE BLVD, SUITE 108
CITY-ST-ZIP PALM BEACH GARDENS FL4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE T ☐ DELETENAME HANSEN, ALYN
STREET ADDRESS 8430 BONITA ISLAND DR.
CITY-ST-ZIP LAKEWORTH FL 334675.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE S ☐ DELETENAME MILLER, SHERRY
STREET ADDRESS P.O. BOX 3166 N/A
CITY-ST-ZIP W. PALM BCH. FL 334026.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3233 Grove Rd
PBB FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036497

CR2E037 (9/96)