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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06765

1. Corporation Name

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

Principal Place of Business

1323 SE 17TH STREET
SUITE 161
FT LAUDERDALE FL 33316
US

Mailing Address

1323 SE 17TH ST
SUITE 161
FT LAUDERDALE FL 33316
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
12/20/1984

4. FEI Number
59-2508644

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSEN, ALLYN
8430 BONITA ISLE DR
LAKE WORTH FL 33467**

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GREENWOOD, LOURDES**
STREET ADDRESS **3800 NW 116 TERR**
CITY-ST-ZIP **SUNRISE FL**

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

P ☐ Change ☒ Addition
EDSEL BAKER
800 MEADOWS RD
BOCA RATON FL 33486

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

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

☐ Change ☐ Addition

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

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

Past President

☒ Change ☐ Addition

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

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

VP ☐ Change ☒ Addition
RICHARD ESPLAN.
3501 JOHNSON ST
HOLLYWOOD FL 33021

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

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MILLER, SHERRY**
STREET ADDRESS **3233 GROVE RD**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED
ALYN I HANSEN 1/18/99 561-627-0344
x3305

CR2E037 (1/98)