

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90739 043 \*\*\*\*61.25

**DOCUMENT # N06765**

1. Entity Name

**GOLD COAST CHAPTER OF THE CLINICAL LABORATORY MANAGEMENT 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2508644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ESPLEN, RICHARD W  
5444 WINCHESTER WOODS DR  
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard W. Espen* **ESPLEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/5/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAVAGNARO, WARIAN</b> <b>7031 N FLAMINGO ROAD</b> <b>PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ULSTEIN, HOWARD</b> <b>8201 SW 24TH STREET</b> <b>NORTH LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANGAL, JENNIFER</b> <b>10101 FOREST HILL BLVD.</b> <b>W. PALM BCH. FL 33414</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>THORNTON, BARBARA</b> <b>4176 BAY LAUREL WAY</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HANSEN, ALYN</b> <b>8430 BONITA ISLAND DR.</b> <b>LAKEWORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ORYNICH, NANCY</b> <b>21644 STATE ROAD 7</b> <b>BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DONNA M VALERIOTTI</b> <b>8984 OLD PINE WAY</b> <b>BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>N-BAYWOOD HOSPITAL</b> <b>8984 OLD PINE WAY</b> <b>BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STEVEN LAINGER WILSON</b> <b>LAG CORP, 4200 N 79TH AVE</b> <b>HOLLYWOOD, FL 33020</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard W. Espen* **ESPLEN**

**3/5/03**

**561-882-6465**

CR2E037 (10/02)