

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004588

FILED
Apr 05, 2012
Secretary of State

Entity Name: FLORIDA CLINICAL LIGAND ASSAY SOCIETY INC.

Current Principal Place of Business:

15908 TREVOCE LANE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15908 TREVOCE LANE
ODESSA, FL 33556

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICE OF VIK PARTI PA
7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 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: DP
Name: HEAL, ALBERT
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

Title: DS
Name: DIAZ, DONNA
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

Title: DT
Name: COUREY, MICHAEL
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

Title: VP
Name: ROSE, ANDREA
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

Title: D
Name: CRAWFORD, OLIVE
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

Title: D
Name: SLOAN, STEPHANIE
Address: 15908 TREVOCE LANE
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: ALBERT V. HEAL

DR.

04/05/2012

Electronic Signature of Signing Officer or Director

Date