FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # N16564 (9)

1. Corporation Name

THE GULF COAST AREA CHAPTER OF CLINICAL LABORATO RY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business
St. Joseph Hospital
2500 HARBOR BLVD
~~323 JEFFORDS ST. MORTON PLANT HOSPITAL~~
PORT CHARLOTTE FL 33952

Mailing Address
St. Joseph Hospital
2500 HARBOR BLVD
~~323 JEFFORDS ST. MORTON PLANT HOSPITAL~~
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1986
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2972943 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 St. Joseph Hospital
22 Suite, Apt. #, etc. 2500 Harbor Blvd.
23 City & State Port Charlotte FL
24 Zip 33948 25 Country Charlotte

2a. Mailing Address
26 St. Joseph Hospital
27 Suite, Apt. #, etc. 2500 Harbor Blvd.
28 City & State Port Charlotte, FL
29 Zip 33948 30 Country Charlotte

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THORNE, MARY
2500 HARBOR BLVD
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary Wally Thorne 1/17/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THORNE, MARY	1.2 NAME	
STREET ADDRESS	2500 HARBOR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTERO, CARLOS	2.2 NAME	
STREET ADDRESS	9424-44 INTERNATIONAL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FULDAUER, VALERIE	3.2 NAME	
STREET ADDRESS	2323 9TH ST NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BRUNNER, JOYCE	4.2 NAME	
STREET ADDRESS	~~9933 APPLEGATE CIRCLE~~ 2804 PINE CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~BRANDON FL~~ PLANT CITY, FL 33567	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Mary Wally Thorne 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

000183B