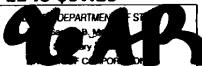
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT





1996

1996 DEC 13 AM 9: 40 DOCUMENT # NIU5U4 SECRETARY OF STATE TALLAHASSEE, FLORIDA The Gulf Coast Chapter of Clinical Laboratory Management Association, Inc. Principal Place of Business Mailing Address 445 31st St. N (This changes annually St. Petersburg, Fl 33713 with re-election of of officers) 3. Date Incorporated or Qualified 3a. Date of Last Report 8/28/1986 3/95 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Same as above Same as above 59-2972943 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. K 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 10. Name and Address of New Registered Agent e and Address of Current Registered Agent 81 Name Joyce Brunner Alice C. Putman Street Address (P.O. Box Number is Not Acceptable) 445 31st St. N 2804 Pine Club Drive Plant City, Fk 33567-7265 83 (Past Treasurer) St. Petersburg, Fl 33713 Zip Code 33713 Ī City 85 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 femilial with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE ed agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE X Change Addition TITLE 13 TITLE D/P NAME 12 NAME Valerie Fuldauer 1.3 STREET ADORESS STREET ADDRESS Columbia Edward White Hospital, Fl 337243 CITY - ST - ZIP 1.4 CITY-ST-ZIP X Change Addition DELETE TITLE 21 TITLE 22 NJAF Julia Colvin HALLE 23 STREET ADDRESS Sarasota Memorial Hospital STREET ADDRESS 1700 S. Tamiami Trail. Sarasota. Fl 3 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE 31 TITLE TITLE 32 NAME MAKE Deborah Clarke Pacific Hemostasis STREET ADDRESS 3.3 STREET ADDRESS 8245 129th Lane N, Seminole Fl CITY-ST-ZIP 3.4. CITY-ST-ZIP <u>34646</u> DELETE 4.1 TITLE

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)(k), 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 aroun 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 13 if changed, prior on an attachment with an address.

4 2 NAME

51 TITLE

52 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

D/T

Alice C. Putman Florida Blood Services \$45 Jist Blood Services \$5. Petersburg, F1 33713

SIGNATURE:

TILE

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TITLE

NAME

STREET ACCINESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY ST-ZP

G OFFICER OR DIRECTOR

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*****70.00 *****70.00

Change

Addition

APPROVED AND