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1996 DEC 13 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



DEPARTMENT OF
STATE
B. M.
CLERK
OFFICE OF CORPORATIONS

DOCUMENT # *Nile 564*

1. Corporation Name

The Gulf Coast Chapter of Clinical Laboratory
Management Association, Inc

Principal Place of Business

Mailing Address

445 31st St. N
St. Petersburg, FL 33713

(This changes annually
with re-election of
of officers)

3. Date Incorporated or Qualified
8/28/1986

3a. Date of Last Report
3/95

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

4. FEI Number

59-2972943

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joyce Brunner
2804 Pine Club Drive
Plant City, FL 33567-7265
(Past Treasurer)

81 Name Alice C. Putman

82 Street Address (P.O. Box Number is Not Acceptable)
445 31st St. N

83 St. Petersburg, FL 33713

84 City FL 85 Zip Code 33713

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

Alice C. Putman

(NOTE: Registered Agent signature required when reinstating)

DATE

12/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME Valerie Fuldauer
1.3 STREET ADDRESS Columbia Edward White Hospital
1.4 CITY - ST - ZIP 2323 9th Ave S, St. Petersburg, FL 33713

2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME Julia Colvin
2.3 STREET ADDRESS Sarasota Memorial Hospital
2.4 CITY - ST - ZIP 1700 S. Tamiami Trail, Sarasota, FL 34239

3.1 TITLE D/S ☒ Change ☐ Addition
3.2 NAME Deborah Clarke
3.3 STREET ADDRESS Pacific Hemostasis
3.4 CITY - ST - ZIP 8245 129th Lane N, Seminole, FL 34646

4.1 TITLE D/T ☒ Change ☐ Addition
4.2 NAME Alice C. Putman
4.3 STREET ADDRESS Florida Blood Services
4.4 CITY - ST - ZIP 445 31st St. N, St. Petersburg, FL 33713

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 300002032023
5.3 STREET ADDRESS -12/18/96--01019--017
5.4 CITY - ST - ZIP *****70.00 *****70.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Alice C. Putman

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

12/12/96 (813) 397-0168 X143

CR 12/12/96 (12/95)