

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

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1996 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> 1. Corporation Name <b>THE GULF COAST AREA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.</b>	<b>N16564</b>
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<b>Principal Place of Business</b> <b>2323 9TH AVENUE NORTH</b> <b>ST. PETERSBURG FL 33713</b>	<b>Mailing Address</b> <b>SAME</b>
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<b>2. Principal Place of Business</b> <b>21 SAME</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	<b>2a. Mailing Address</b> <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	<b>3. Date Incorporated or Qualified</b> <b>8-28-86</b> <b>3a. Date of Last Report</b> <b>1996</b> <b>4. FEI Number</b> <b>59-2972943</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>ALICE C. PUTMAN</b> <b>445 31ST STREET NORTH</b> <b>ST. PETERSBURG FL 33713</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>VALERIE G. FULDAUER</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2323 9TH AVENUE NORTH</b> <b>83</b> <b>84 City</b> <b>ST. PETERSBURG</b> <b>85 Zip Code</b> <b>FL 33713</b>
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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 this 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: Valerie G. Fuldauner DATE: 6-10-98  
(Signature, typed or printed name of registered agent and street address) (NOTE: Registered Agent signature required when reappointing)

<b>12. OFFICERS AND DIRECTORS</b> <table border="1"> <tr> <td>TITLE</td> <td><b>PRESIDENT (DIRECTOR)</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	<b>PRESIDENT (DIRECTOR)</b>	<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<b>13. 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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: Valerie G. Fuldauner **VALERIE G. FULDAUER** DATE: 6-10-98 813 323-6152  
(Signature and typed or printed name of signing officer or director)

CR2E037 (12/95)