



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N16564		
1. Entity Name THE GULF COAST AREA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.		
Principal Place of Business 122 15TH AVE. SW LARGO, FL 33770 US		Mailing Address 122 15TH AVE. SW LARGO, FL 33770 US
DO NOT WRITE IN THIS SPACE		
		 04152005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-2972943
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CONNELLY, LINDA 122 15TH AVE SW LARGO, FL 33770		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000315132 04/19/05-00024-007-61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMPS, KURT 2219 ALICE LANE CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED LORET DE MOLA, CAROLYN 5814 SIERRA CREST LANE LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNELLY, LINDA 122 15TH AVE. SW LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Linda Connelly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/15/05</u> <u>727-224-3070</u> <small>Date Daytime Phone #</small>