2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16564

FILED Mar 29, 2009 Secretary of State

Entity Name: THE GULF COAST AREA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 122 15TH AVE. SW LARGO, FL 33770 US **Current Mailing Address: New Mailing Address:** 122 15TH AVE. SW LARGO, FL 33770 US FEI Number: 59-2972943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNELLY, LINDA 122 15TH AVE SW LARGO, FL 33770 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LORET DE MOLA, CAROLYN Name: Name: Address: 5814 SIERRA CREST LANE Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: () Delete Title: () Change () Addition CONNELLY, LINDA Name: Name: Address: 122 15TH AVE. SW Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: PED () Delete Title: () Change () Addition RIVERA, SHARON Name: Name: Address: 6111 KESTREL PARK DR Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA CONNELLY TD 03/29/2009