

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004275

FILED  
May 11, 2007  
Secretary of State

**Entity Name:** FLORIDA SECTION OF THE AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, INC.

**Current Principal Place of Business:**

348 PALM STREET  
FLORIDA SECTION AACC  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

348 PALM STREET  
FLORIDA SECTION AACC  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 65-0440081      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHREIER, WAYNE A PH.D.  
FLORIDA SECTION AACC  
348 PALM STREET  
HOLLYWOOD, FL 33019 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:**

Title: CD      ( ) Delete  
Name: LEONG, GING WONG PH.D.  
Address: 15440 SW 148 STREET  
City-St-Zip: MIAMI, FL 33196

Title: TD      ( ) Delete  
Name: GARCIA, C G  
Address: 3600 WASHINGTON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD      ( ) Delete  
Name: SABUCEDO, ALBERTO J PH.D.  
Address: 9899 SW 1 TERRACE  
City-St-Zip: MIAMI, FL 33174

Title: D      ( ) Delete  
Name: MCLELLAN, WILLIAM  
Address: 12203 PARK DRIVE  
City-St-Zip: HOLLYWOOD, FL 33026

Title: D      (X) Delete  
Name: STEELE, BERNARD MD  
Address: 1611 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

Title: D      ( ) Delete  
Name: SCHREIER, WAYNE A PH.D.  
Address: 348 PALM STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: WAYNE A. SCHREIER, PH.D.

D

05/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date