

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004275

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

1301 TANGELO ISLE
FLORIDA SECTION AACC
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1301 TANGELO ISLE
FLORIDA SECTION AACC
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 65-0440081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIER, WAYNE A PH.D.
FLORIDA SECTION AACC
1301 TANGELO ISLE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: D () Delete
Name: SHAKIR, SHAHIDA
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: SD () Delete
Name: FRANKE, DEANNA
Address: 3501 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: D () Delete
Name: SCHREIER, WAYNE A PH.D.
Address: 1301 TANGELO ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: JANET, LINEBACK
Address: 2420 SW 28 STREET
City-St-Zip: MIAMI, FL 33133

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

01/16/2009

Electronic Signature of Signing Officer or Director

Date