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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005766

1. Corporation Name
FLORIDA COALITION OF PROFESSIONAL LABORATORY ORG ANIZATIONS, INC.

Principal Place of Business	Mailing Address
% LAW OFFICES OF MARJORIE E. WOLASKY 7103 S.W. 102ND AVENUE. SUITE A MIAMI FL 33173	% LAW OFFICES OF MARJORIE E. WOLASKY 7103 S.W. 102ND AVENUE. SUITE A MIAMI FL 33173
c/o Cathy duTreil	c/o Cathy duTreil CDT

2. Principal Place of Business	2a. Mailing Address
21 Florida Hospital Laboratory	26 Florida Hospital Laboratory
Suite, Apt. #, etc. 22 601 E. Rollins	Suite, Apt. #, etc. 27 601 E. Rollins
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip / Country 24 32803 25 USA	Zip / Country 29 32803 30 USA

3. Date Incorporated or Qualified: 12/23/1993

4. FEI Number: 65-0459826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E
7103 S.W. 102ND AVENUE
SUITE A
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRELL, CATHY 200 N MOUNTS BAY CT LONGWOOD FL 32779	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/C duTreil, Cathy	☒ Change ☐ Addition Spelling only
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAIDEN, ROBERT V 3541 NW 35 PL GAINESVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D CDT Anderson, Janice 5115 N. Socrum Loop Road #117 Lakeland, Fl 33809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, SHERRY 3233 GROVE RD PALM BEACH FL 33410	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D CDT	☒ Change ☐ Addition Title only
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Cathy duTreil REQUIRED FCPLO 3/17/99 (407)897-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cathy duTreil, for FCPLO

& Cathy duTreil for FCPLO 4/10/99