

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005766

1. Entity Name

FLORIDA COALITION OF PROFESSIONAL LABORATORY ORG

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90035 010 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
FLORIDA HOSPITAL LABORATORY 601 E. ROLLINS ORLANDO FL 32803		FLORIDA HOSPITAL LABORATORY 601 E. ROLLINS ORLANDO FL 32803-1248	
2. Principal Place of Business <i>Florida Hospital</i> CentraHealth Network		3. Mailing Address <i>Florida Hospital</i> CentraHealth Network	
Suite, Apt. #, etc. <i>12 Courtland Suite 300</i>		Suite, Apt. #, etc. <i>602 Courtland Suite 300</i>	
City & State <i>Orlando, Florida</i>		City & State <i>Orlando, Florida</i>	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0459826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DUTREIL, CATHY 200 N MOUNTS BAY CT LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT ANDERSON, JANICE 5115 N. SOCRUM LOOP ROAD #117 LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT MILLER, SHERRY 3233 GROVE RD PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Zinkovich, Lisa 1314 Woodingham Drive Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cathy Dutreil for FCPL* *Cathy Dutreil for FCPL* 2/8/00 407-941-4702  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)