

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005766

1. Entity Name

FLORIDA COALITION OF PROFESSIONAL LABORATORY ORG

Principal Place of Business

9400 SOUTH DADELAND BLVD.
SUITE 300
MIAMI FL 33156

Mailing Address

9400 SOUTH DADELAND BLVD.
SUITE 300
MIAMI FL 33156

2. Principal Place of Business

314 W. Jefferson ST
Suite, Apt. #, etc.

3. Mailing Address

200 N MOUNTS BAY CT
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Longwood FL

Zip

32301

Country

USA

Zip

FL

Country

USA

4. FEI Number

65-0459826

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E

9400 S. DADELAND BLVD.

SUITE 300

MIAMI, FLORIDA 33156

7. Name and Address of New Registered Agent

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

Mayone E Wolasky

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
After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DUTREIL, CATHY 200 N MOUNTS BAY CT LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, JANICE 5115 N. SOCRUM LOOP ROAD #117 LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZINKOVICH, LISA 1314 WOODINGHAM DR ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Joseph BAYCOM, Joseph 2321 Meadow CT Kissimmee FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Shahida, Shahida / Miami Heart Institute 4701 N. Meridian Ave M.B. FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lobbyist Sandra Allen, Attorney 314 W. Jefferson ST Tallahassee FL 32301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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:

Mayone E Wolasky

7/28/2001 407 847 8769

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 004 ***558.75

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DO NOT WRITE IN THIS SPACE

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