

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90209 042 \*\*\*\*61.25

**DOCUMENT # N93000005766**

1. Entity Name

**FLORIDA COALITION OF PROFESSIONAL LABORATORY ORGANIZATIONS, INC.**

Principal Place of Business

Mailing Address

**314 W JEFFERSON ST  
TALLAHASSEE FL 32301**

**9400 SOUTH DADELAND BLVD  
SUITE 300  
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

**314 W. Jefferson St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee, FL**

4. FEI Number

**65-0459826**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32301**

**Leon**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLASKY, MARJORIE E  
9400 S DADELAND BLVD  
SUITE 300  
MIAMI FL 33156**

Name

**Sandra K. Allen, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**314 West Jefferson St.**

City

**Tallahassee**

**FL**

Zip Code

**32301**

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

**Sandra C. Allen, Sandra C. Allen**

**4/23/02**

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 **DC** ☐ Delete  
NAME **BAUCOM, JOSEPH**  
STREET ADDRESS **2321 MEADOW CT**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DT** ☐ Delete  
NAME **SHAKIZ, SHAHIDA**  
STREET ADDRESS **4701 N MERIDIAN AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DS** ☐ Delete  
NAME **ZINKOVICH, LISA**  
STREET ADDRESS **1314 WOODINGHAM DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **LA** ☒ Delete  
NAME **ALLEN, SANDRA**  
STREET ADDRESS **314 W JEFFERSON ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

**4/23/02 2407 847 8269**

CR2E037 (9/01)