2005 NOT-FOR-PROFIT CORPORATION

FILED Jul 15, 2005 8:00 am Secretary of State

07-15-2005 90021 002 ****61.25

ANNUAL REPORT

DOCUMENT # N93000005766

Principal Place of Business

314 W JEFFERSON ST

FLORIDA COALITION OF PROFESSIONAL LABORATORY ORGANIZATIONS, INC.



TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

Mailing Address

314 W JEFFERSON ST

| 20064199 | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|
| | | | | | | | | |

| 2. Principal F | 2. Principal Place of Business 3. Mailing Address | | | | | | | | | |
|---|---|---------------------|------------------------------------|---|---------------|--------------------------------|------------------------|-----------------------------|-----------------------|-------------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 07122005 | Chg-NP | CR2E037 | (10/03) | | | |
| City & State City & State | | | | 4. FEI Number 65-0459 | 826 | | | pplied For ot Applicable | | |
| Zip | Country | Zip | C | ountry | | 5. Certificate of | | □ \$ | 8.75 Ad ee Require | ditional |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and A | ddress of New Re | | | | |
| 314 W JEI | ANDRA E ESQ. FFERSON ST SSEE, FL 32301 | | | Name Street A | Address (F | | is Not Acceptable | | | |
| | | | | City | | | | FI | Zip Coo | fe |
| 8. The above the obligated SIGNATURE | e named entity submits this statement to tions of registered agent. Signature, typed or printed name of registered agent. | | | | | ed agent, or both, | in the State of Flor | | I niliar with, | and accept |
| D | Filing Fee is \$61.25 ue by September 7, 2005 | | ction Campaign st Fund Contribu | - | | \$5.00 May Be Added to Fees | | ike check p da Departn | | |
| 10. | OFFICERS AND DIF | RECTORS | 11 | | A | DDITIONS/CHAN | IGES TO OFFICER | S AND DIRE | CTORS IN | 10 |
| NAME STREET ADDRESS CITY-ST-ZIP | CD CONNELLY, LINDA 112 15TH AVE. SW LARGO, FL 33770 | ☐ Del | NA Sti | ILE AME REET ADDRESS TY-ST-ZIP | | | | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SHAKIR, SHAHIDA 4701 N MERIDIAN AVE MIAMI BEACH, FL 33140 | ⊅ Dei | NA Sti | TLE IME RELT ADDRESS TY+ST+ZIP | 917: | DAUER 2 NW 21 3L SPRIN | , VALORIE IST STREE | • | ☐ Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VAN DER HEYDEN, BRENDA 2007 DEERFIELD CIRCLE NAPLES, FL 34109 | □ Del | NA STI | ILE .me reet address IY-SI-ZIP | | | | [| _ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Del | NA STI | LE ME REET ADDRESS IY-S1-ZIP | | | | (| Change | Addilion |
| TITLE NAME STREET ADDRESS CITY-ST ZIP | | ☐ Deli | NA ST | ·· 1 | | | | [|] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ De l i | na! Ste | | | | | Ï | 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: | aleur | <u>Q</u> _ | Fuldaner | VALORIE G | . FULDAUER | 7-12-05 | 954-717-0250 | > |
|------------|-------------------|-------------|-----------------------------------|-----------|------------|---------|----------------|---|
| | SIGNATURE AND TYP | ED 🗗 R RURI | NTED NAME OF SIGNING OFFICER OR D | RECTOR | Date | Day | vtirne Phone # | |