



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005766</b>		
1. Entity Name <b>FLORIDA COALITION OF PROFESSIONAL LABORATORY ORGANIZATIONS, INC.</b>		
Principal Place of Business <b>314 W JEFFERSON ST TALLAHASSEE, FL 32301</b>		Mailing Address <b>314 W JEFFERSON ST TALLAHASSEE, FL 32301</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05012006 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>65-0459826</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ALLEN, SANDRA E ESQ. 314 W JEFFERSON ST TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$81.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNELLY, LINDA 112 15TH AVE. SW LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FULDAUER, VALERIE 9172 NW 21ST STREET CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DER HEYDEN, BRENDA 2007 DEERFIELD CIRCLE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Valerie G. Fuldauer</u> <b>VALERIE G. FULDAUER</b>		Date <b>5-1-06</b> Daytime Phone # <b>954-717-0250</b>