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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006008 (6)

1. Corporation Name

**FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE
EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business 9 GOLF CIRCLE, NE WINTER HAVEN FL 33881		Mailing Address 9 GOLF CIRCLE, NE WINTER HAVEN FL 33881		3. Date Incorporated or Qualified 12/06/1994	
2. Principal Place of Business 15539 SW 69 Street		2a. Mailing Address 15539 SW 69 Street		4. FEI Number 59-3039918	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State Miami, FL		City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33193		Zip 33193		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRON, DORIS C 9 GOLF CIRCLE, NE WINTER HAVEN FL 33881		10. Name and Address of New Registered Agent MIRTHA M. SANABIA 15539 SW 69 St. Miami, FL 33193	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MIRTHA M. SANABIA DATE 4-28-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	TAYLOR, ROBBIE	1.2 NAME	ALIZIA ZUNIGA
STREET ADDRESS	928 15TH ST. NE	1.3 STREET ADDRESS	113 NE Second Avenue
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	Miami Shores, FL 33161
TITLE	SD	2.1 TITLE	TD
NAME	MCCLEDON, SHARON	2.2 NAME	Mirtha M. Sanabia
STREET ADDRESS	1230 MEIGS DRIVE	2.3 STREET ADDRESS	15539 SW 69 St.
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	TD	3.1 TITLE	D
NAME	WEHLING, CATHY	3.2 NAME	Deshratn Asthana
STREET ADDRESS	1010 ROCKY BAYOU RD	3.3 STREET ADDRESS	9501 SW 81 Ave.
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	Miami, FL 33156-7414
TITLE	TD	4.1 TITLE	
NAME	FERRON, DORIS	4.2 NAME	
STREET ADDRESS	9 GOLF VIEW CIRCLE NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MIRTHA M. SANABIA DATE 4-28-98 (305) 633-6461 x 7131

CR2E037 (10/97)