

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90005 026 \*\*\*\*61.25

DOCUMENT # **N94000006008**  
1. Corporation Name  
**FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE  
EDUCATIONAL FOUNDATION, INC**

Principal Place of Business Mailing Address  
**15539 SW 69 ST 15539 SW 69 ST**  
**MIAMI, FL 33193 MIAMI, FL 33193**  
**US US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3324406		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SANABIA, MIRTHA M.</b> <b>15539 SW 69 ST</b> <b>MIAMI, FL 33193</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Mirtha M. Sanabia** **MIRTHA M. SANABIA TREASURER** **5-20-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>PD</b>				VD <b>LYNN ULMER</b>			
STREET ADDRESS <b>113 NE 2ND AVE</b>				1.2 NAME			
CITY-ST-ZIP <b>MIAMI SHORES FL 33136</b>				1.3 STREET ADDRESS <b>101 MARLA LANE</b>			
TITLE <input checked="" type="checkbox"/> DELETE				1.4 CITY-ST-ZIP <b>LONGWOOD, FL 32750</b>			
NAME <b>TD</b>				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS <b>FERRON, DORIS C</b>				2.2 NAME			
CITY-ST-ZIP <b>9 GOLF VIEW CIRCLE NE</b>				2.3 STREET ADDRESS <b>ANA MARIA FIALLO</b>			
TITLE <input type="checkbox"/> DELETE				2.4 CITY-ST-ZIP <b>260 NW 107 AVE #101</b>			
NAME <b>SANABIA, MIRTHA M.</b>				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>15539 SW 69 ST</b>				3.2 NAME			
CITY-ST-ZIP <b>MIAMI, FL 33193</b>				3.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				3.4 CITY-ST-ZIP			
NAME <b>D</b>				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>ASTHANA, DESHRATN</b>				4.2 NAME			
CITY-ST-ZIP <b>9501 SW 81 AVE</b>				4.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP			
NAME				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				5.4 CITY-ST-ZIP			
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mirtha M. Sanabia** **5-20-99** **305 633-6461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)