

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002011 (3)**

1. Corporation Name

THE COMMUNITY LABORATORY ALLIANCE, INC.



Principal Place of Business

**800 MEADOWS ROAD
BOCA RATON FL 33486**

Mailing Address

**800 MEADOWS ROAD
BOCA RATON FL 33486**

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 63

22

City & State

27

Suite, Apt. #, etc.

23

City & State

28

JUPITER, FL

24

Zip

Country

29

Zip

Country

33468-0063

30

4. FEI Number

65-0584730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, EDESEL
800 MEADOWS ROAD
BOCA RATON FL 33486**

81 Name

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

83

84 City

FL

85 Zip Code

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 617.1503, Florida Statutes.

SIGNATURE

Edsel R. Baker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D Chairman** ☐ DELETE

NAME **BAKER, EDESEL**
STREET ADDRESS **800 MEADOWS ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D VICE-CHAIRMAN** ☐ DELETE

NAME **MILLER, SHERRY**
STREET ADDRESS **FLAGLER DRIVE AT PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE **D** ☐ DELETE

NAME **FRANKENBERRY, JANET**
STREET ADDRESS **HOSPITAL DRIVE**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D SECRETARY/TREASURER** ☐ DELETE

NAME **ROGERS, KATHY**
STREET ADDRESS **1210 S OLD DIXIE HIGHWAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D CHAIRMAN** ☒ Change ☐ Addition

1.2 NAME **Baker, Edsel**
1.3 STREET ADDRESS **800 Meadows Road**
1.4 CITY-ST-ZIP **Boca Raton, FL 33486**

2.1 TITLE **D VICE CHAIRMAN** ☒ Change ☐ Addition

2.2 NAME **Miller, Sherry**
2.3 STREET ADDRESS **Flagler Drive at Palm Beach Lakes Blvd.**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **Frankenberry, Janet**
3.3 STREET ADDRESS **Hospital Drive**
3.4 CITY-ST-ZIP **Stuart, FL 34994**

4.1 TITLE **D SECRETARY/TREASURER** ☒ Change ☐ Addition

4.2 NAME **Rogers, Kathy**
4.3 STREET ADDRESS **1210 S. Old Dixie Highway**
4.4 CITY-ST-ZIP **Jupiter, FL 33458**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edsel R. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

DATE

407-393-4133

DAYTIME PHONE #

CR2E037 (12/95)