

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

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1. Corporation Name

PROFESSIONAL ASSOCIATION FOR LABORATORY MEDICINE
, INC.

Principal Place of Business

2007 DEERFIELD CIR
NAPLES FL 34109

Mailing Address

P O BOX 6014
FT MYERS FL 33911



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

59-3480948

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

10. Name and Address of New Registered Agent

VANDERHEYDEN, BRENDA
2007 DEERFIELD CIR
NAPLES FL 34109

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 617.0503, Florida Statutes.

SIGNATURE

Brenda VanderHeyden
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VANDERHEYDEN, BRENDA
STREET ADDRESS 2007 DEERFIELD CIR
CITY-ST-ZIP NAPLES FL 34109

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WALLER, DORIS
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MCGRAIL, KEVIN
STREET ADDRESS 2007 DEERFIELD CIR
CITY-ST-ZIP NAPLES FL 34109

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP
NAME HOLLAND, TIM
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DS
NAME ODGEN/GRABLE, HELEN
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT
NAME FEDERICK, ALICIA
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Brenda VanderHeyden
Signature and typed or printed name of signing officer or director. Date 4/7/99

CR2E037_ (11/98)