

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90045 020 \*\*\*\*61.25

**DOCUMENT # N97000002351**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3480948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERHEYDEN, BRENDA  
2007 DEERFIELD CIR  
NAPLES FL 34109

Name Linda Nugteren

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

412 SW 33 street

City Cape Coral

**FL**

Zip Code 33914

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

Linda Nugteren

Linda Nugteren  
President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE VD ☐ Delete  
NAME WHITE, LYNN  
STREET ADDRESS PO BOX 6014  
CITY-ST-ZIP FT MYERS FL 33911

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Linda Nugteren  
STREET ADDRESS 412 SW 33 street  
CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

Linda Nugteren

Linda Nugteren, President 3/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #