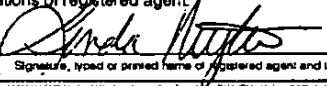
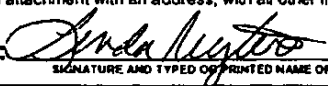


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

02-28-2005 90213 014 ****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	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		
NUGTEREN, LINDA 412 SW 33 STREET CAPE CORAL FL 33914			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 			DATE 2/17/05		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reissuing)		
FILE NOW - FEE IS \$61.25 Due By May 1, 2005			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	Nugteren, Linda	☐ Change ☒ Addition
NAME	VANDERHEYDEN, BRENDA		NAME	412 SW 33 Street (President)	
STREET ADDRESS	2007 DEERFIELD CIR		STREET ADDRESS	Cape Coral Fla 33914	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALLER, DORIS		NAME		
STREET ADDRESS	P O BOX 6014 N/A		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33911		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCGRAIL, KEVIN		NAME		
STREET ADDRESS	2007 DEERFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITE, LYNN		NAME		
STREET ADDRESS	PO BOX 6014		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33911		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ODGEN/GRABLE, HELEN		NAME		
STREET ADDRESS	P O BOX 6014 N/A		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33911		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FELICIANO-YOWELL, ALICIA		NAME		
STREET ADDRESS	P O BOX 6014 N/A		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33911		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: 			DATE 2/17/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		