

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90176 033 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

NUGTEREN, LINDA
412 SW 33 STREET
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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

Linda Nugteren president
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/7/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Alicia Feliciano-Yowell treasurer 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR