

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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-STATE-ZIP: NAPLES FL 34109

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition  
**000000673281  
03/29/07-80023-003 61.25**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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

*Linda Nugteren*

LINDA NUGTEREN PRESIDENT

3/15/07 235-334-5095