

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711468

Entity Name: FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE, INC.

Current Principal Place of Business:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119

Current Mailing Address:

11456 NIGHT HERON DRIVE
NAPLES, FL 34119 US

FEI Number: 59-6177312

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ST. HILL, HALCYON DR.
11456 NIGHT HERON DR
NAPLES, FL 34119 US

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.

SIGNATURE: HALCYON ST. HILL

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TTPD
Name ST. HILL, HALCYON DR.
Address 11456 NIGHT HERON DRIVE
City-State-Zip: NAPLES FL 34119

Title PRESIDENT
Name HEATHER, MCNASBY
Address 11456 NIGHT HERON DRIVE
City-State-Zip: NAPLES FL 34119

Title TREASURER
Name PETERSON , EDWARD JOSEPH JR.
Address 12155 NW 81ST COURT
City-State-Zip: PARKLAND FL 33076

Title PRESIDENT ELECT
Name RODRIGUEZ-ROSADO, MARIDALIZ
Address 11456 NIGHT HERON DRIVE
City-State-Zip: NAPLES FL 34119

Title SECRETARY
Name VANKIRK, SARAH
Address 11456 NIGHT HERON DRIVE
City-State-Zip: NAPLES FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD PETERSON

TREASURER

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date