

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006265

FILED
Aug 12, 2005
Secretary of State

Entity Name: NORTH AMERICAN ASSOCIATION OF PHLEBOTOMY TECHNICIANS, INC.

Current Principal Place of Business:

12200 W COLONIAL DR STE 300 H
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 845
GOTHA, FL 34734

New Mailing Address:

FEI Number: 54-2118795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MALIK, ZUNAIRA S
P.O. BOX 845
GOTHA, FL 34734 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALIK, ZUNAIRA
Address: 12200 W COLONIAL DR STE 300 H
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: MALIK, SHAHID A
Address: 12200 W COLONIAL DR STE 300 H
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD () Delete
Name: MALIK, KEELI
Address: 12200 W COLONIAL DR STE 300 H
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ZUNAIRA S. MALIK

PD

08/12/2005

Electronic Signature of Signing Officer or Director

Date