

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000096223

1. Entity Name
SCHEDULING OF PHLEBOTOMIST SERVICES, INC.



Principal Place of Business
1655 E SEMORAN BLVD STE 13
APOPKA, FL 32703

Mailing Address
1655 E SEMORAN BLVD STE 13
APOPKA, FL 32703



07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3062803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVAUD, MALCOLM S
1446 MAJESTIC OAK DR
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LAVAUD, MALCOLM S
1446 MAJESTIC OAK DR
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LAVAUD, SERGE
1446 MAJESTIC OAK DR
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000169117
08/02/04-80010-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Serge Laud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/29/04 407-889-4100