2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2010
Secretary of State

DOCUMENT# P09000041851

Entity Name: PHLEBOTOMY LEARNING CENTER OF FLORIDA, INC

Current Principal Place of Business:

1507 LAKELAND HILLS BLVD
SUITE 111
LAKELAND, FL 33805 US

New Principal Place of Business:

611 N. WYMORE RD
SUITE 207
WINTER PARK, FL 32789 US

Current Mailing Address:

1507 LAKELAND HILLS BLVD
SUITE 111
LAKELAND, FL 33805 US

New Mailing Address:

611 N. WYMORE RD
SUITE 207
WINTER PARK, FL 32789 US

FEI Number: 27-1406090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLICHT, LAUREN M
1507 LAKELAND HILLS BLVD.
SUITE 111
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

SCHLICHT, LAUREN M
611 N. WYMORE RD
SUITE 207
WINTER PARK, FL 32789 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: LAUREN M SCHLICHT 01/22/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SCHLICHT, LAUREN M
Address: 7884 SUGAR PINE BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: VP
Name: MEIER, CHRISTINE
Address: 1229 MONTE SERENO DR
City-St-Zip: THOUSAND OAKS, CA 91360 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN M SCHLICHT P 01/22/2010
Electronic Signature of Signing Officer or Director Date