

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041851

Entity Name: PHLEBOTOMY LEARNING CENTER OF FLORIDA, INC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 27-1406090

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHLICHT, LAUREN M
Address 611 N. WYMORE RD, SUITE 207
City-State-Zip: WINTER PARK FL 32789

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 SCHLICHT

PRESIDENT

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date