

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000061704

Entity Name: NONEEDLES VENIPUNCTURE, INC.

FILED
Apr 28, 2014
Secretary of State
CC9436364540

Current Principal Place of Business:

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714

FEI Number: 46-0568586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIESE, CALVIN W
185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 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 WIESE, CALVIN W
Address 185 SPRINGWOOD TRAIL
City-State-Zip: ALTAMONTE SPRINGS FL 32715

Title TRE
Name WIESE, CALVIN W
Address 185 SPRINGWOOD TRAIL
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SEC
Name WIESE, CALVIN W
Address 185 SPRINGWOOD TRAIL
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ST
Name SWANSON, DAVID
Address 16 CASSANDRA CT.
City-State-Zip: CRANSTON RI 02921

Title C
Name BOYER, BRUCE
Address 7607 IRONGATE LANE
City-State-Zip: FREDERICK MD 21702-3561

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: CALVIN WIESE

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date