

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000061704

**Entity Name:** NONEEDLES VENIPUNCTURE, INC.

**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**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date