

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000167052

Entity Name: GIFTED HANDS PHLEBOTOMY, LLC

Current Principal Place of Business:

2403 HARTSFIELD RD
#504
TALLAHASSEE, FL 32303

Current Mailing Address:

2403 HARTSFIELD RD
#504
TALLAHASSEE, FL 32303 US

FEI Number: 46-5068589

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FAGG, DANA
2403 HARTSFIELD RD
#504
TALLAHASSEE, FL 32303 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

Authorized Person(s) Detail :

Title MGR
Name FAGG, DANA
Address 3801 MISSION TRACE BLVD APT E5
City-State-Zip: TALLAHASSEE FL 32303

Title AP
Name MIMS, LORIA
Address 1835 BUFORD CT
City-State-Zip: TALLAHASSEE FL 32308

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA FAGG

CEO

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date