

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000035084

**Entity Name:** A&M PHLEBOTOMY SERVICES LLC

**Current Principal Place of Business:**

9288 W. ATLANTIC BLVD  
1127  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

PO BOX 772168  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 81-1527759

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALONE, ALICIA  
9288 W. ATLANTIC BLVD.  
UNIT 1127  
CORAL SPRINGS, FL 33071 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/AMBR  
Name MALONE, ALICIA  
Address 9288 W. ATLANTIC BLVD  
UNIT 1127  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** ALICIA MALONE

**MANAGER**

**02/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date