

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000035084

Entity Name: A&M PHLEBOTOMY SERVICES LLC

Current Principal Place of Business:

1919 NE 45TH STREET
SUITE 215
FORT LAUDERDALE, FL 33308

Current Mailing Address:

934 N UNIVERSITY DR
129
CORAL SPRINGS, FL 33071 US

FEI Number: 81-1527759

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONE, ALICIA
934 N UNIVERSITY DR #129
129
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 934 N UNIVERSITY DR #129
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

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date