

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000035084

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

**Current Principal Place of Business:**

2800 E. COMMERCIAL BLVD  
SUITE 212  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2800 E COMMERCIAL BLVD  
212  
FORT LAUDERDALE, FL 33308 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	Title	MANAGER, AMBR
Name	MALONE, ALICIA	Name	HIGGS, WILLIAM
Address	9288 W. ATLANTIC BLVD UNIT 1127	Address	8798 NW 35 ST
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33065

*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:** WILLIAM HIGGS

MANAGER

05/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date