

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000270374

**Entity Name:** HEMOCARE MOBILE PHLEBOTOMY L.L.C.

**Current Principal Place of Business:**

5312 MILLENIA BLVD, APT 2108  
ORLANDO, FL 32839

**Current Mailing Address:**

5312 MILLENIA BLVD, APT 2108  
ORLANDO, FL 32839 US

**FEI Number:** 85-3074177

**Certificate of Status Desired:** No

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

CLEMENT, DAVID  
6220 S ORANGE BLOSSOM TRAIL  
SUITE 197D  
ORLANDO, FL 32809 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 RUBIA SANTANA, DANIELA  
Address 4421 SOUTH KIRKMAN ROAD APT 208  
K  
City-State-Zip: ORLANDO FL 32811

*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:** DANIELA RUBIA SANTANA

MGR

03/16/2025

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

\_\_\_\_\_  
Date