

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J32135 (2)

1. Corporation Name

PROFESSIONAL PHLEBOTOMY SERVICES, INC.

Principal Place of Business

P.O. BOX 6016  
CLEARWATER FL 34618

Mailing Address

P.O. BOX 6016  
CLEARWATER FL 34618



3. Date Incorporated or Qualified  
09/08/1986

3a. Date of Last Report  
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAHAN, CHERYL  
1111 BAYSHORE BLVD. #D-7  
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME             | STREET ADDRESS          | CITY-STATE-ZIP | DELETED                  |
|-------|------------------|-------------------------|----------------|--------------------------|
| DP    | CALLAHAN, CHERYL | 1111 BAYSHORE BLVD #D-7 | CLEARWATER FL  | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |
|       |                  |                         |                | <input type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|--------------------|--------------------------|--------------------------|
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)