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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J32135

PROFESSIONAL PHLEBOTOMY SERVICES, INC.

								116) 9 91 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Place of Business		Mailing Address	Mailing Address			O JIKO KIN OKOH H	f o re didii b forş	BIRKI BIBIL HBBI
P.O. BOX 6016 CLEARWATER FL 33758 US		P.O. BOX 6016 CLEARWATER FL 33758 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					09/08/1986			e .
<u>⊢</u> -¬	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	<u> </u>	26			59-2719055			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	□		Additional equired	
City & State City & State		<u> </u>			6. Election Campaign Financi	ng 🗆	•	May Be
Zip	Country	28	Country		Trust Fund Contribution 8. This corporation owes the	current year Int		to Fees
24	25	29	30		Personal Property Tax.	ourone your in	Yes	ÌXNo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Ne	w Registered	Agent	
CALL	LAHAN, CHERYL		81	Name				
1111	BAYSHORE BLVD. #D-7	·	82	Street Add	dress (P.O. Box Number is Not Acc	eptable)		
CLE/	ARWATER FL 33759		83					
			84	City		FL	85 Zip	Code
				<u> </u>	moration submits this statement for	the purpose of	changing its	registered
11. Pürsuant	to the provisions of Sections 607.050	12 and 607.1508. Florida Statute	es. ine above	a-named cor				
	to the provisions of Sections 607.050 egistered agent, or both, in the State				tion's board of directors. I hereby ac	cept the appoi	ntment as re	egistered
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations are secured to the obligations of the security of the security of the provisions of the				tion's board of directors. I hereby ac	cept the appoi	ntment as re	egistered
	rn familiar with, and accept the obligation of t	ations of, Section 607.0505, Flor	rida Statutes		red when reinstating)	DATE		
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flor and title if applicable. (NOTE: ND DIRECTORS	Registered Agen		red when reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO	DRS IN 12
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flor	Registered Agen 13. 1.1 TITLE		red when reinstating)	DATE		
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attackment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90010 038 ***150.00