

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029939

FILED
Oct 18, 2006
Secretary of State

Entity Name: 24-HOUR PHLEBOTOMY SERVICES, L.C.

Current Principal Place of Business:

5486 BARNSTEAD CIR
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5486 BARNSTEAD CIR
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 56-2467622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, ANNETTE B DR
391 NE 28TH COURT
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: ANNETTE HARRELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRELL, CHADWICK W
Address: 5486 BARNSTEAD CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM () Delete
Name: HARRELL-EDOUARD, NURIA V
Address: 5486 BARNSTEAD CIR
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHADWICK W. HARRELL

P

10/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date