

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014123

Entity Name: MOBILE APHERESIS, INC.

FILED
Feb 19, 2008
Secretary of State

Current Principal Place of Business:

5730 SW 166 AVE.
FT. LAUDERDALE, FL 33331

New Principal Place of Business:

Current Mailing Address:

4839 SW 148 AVENUE
#442
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0977830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, DEBRA M
5730 SW 166 AVE.
FT. LAUDERDALE, FL 33331 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELLISON, DEBRA M
Address: 5730 SW 166 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ELLISON, DEBRA M
Address: 5730 SW 166 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: MGR () Change (X) Addition
Name: ELLISON, RANDY C
Address: 5730 SW 166TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MANTEL ELLISON

PRES

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date