04/30/2002 02:41 9047880521 ADAIR BUSINE

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90088 023 ***150.00

DOCUMENT # P01000021055

1. Entity Name
INTEGRATED PHLEBOTOMY SERVICES INC

Principal Place of Business
563 TENTH STREET #10
HOLLY HILL FL 32117

Mailing Address
1339 BEVILLE ROAD
DAYTONA BEACH FL 32119

2. Principal Place of Business
201 South Ridgewood Ave
Suite, Apt. #, etc.
City & State
Ormond Bch FL
Zip 32174 Country Volusia

3. Mailing Address
201 S Ridgewood Ave
Suite, Apt. #, etc.
O
City & State
Ormond Bch, FL
Zip 32174 Country Volusia

[redacted]
DO NOT WRITE IN THIS SPACE

4. FEI Number 593702216 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAIR, MELODY H
1339 BEVILLE ROAD
DAYTONA BEACH FL 32119
Filasky, Kelly
201 S Ridgewood Ave
Ormond Bch, FL
32174

7. Name and Address of New Registered Agent
Name Kelly Filasky
Street Address (P.O. Box Number is Not Acceptable)
201 S. Ridgewood Ave
City Ormond Bch FL Zip Code 32174

8. 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 Kelly Filasky
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 4-30-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW WITH FEE IN $50.00 Effective July 1, 2002 Fee will be $55.00 Make check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D FILASKY, KELLY 563 TENTH STREET #10 HOLLY HILL FL 32117	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
Filasky, Kelly 201 S. Ridgewood Ave Ormond Bch, FL 32174	X	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E084 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Filasky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-30-02 Daytime Phone # 386 677 8338