

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90547 037 ***150.00

DOCUMENT # P01000021055

1. Entity Name
INTEGRATED PHLEBOTOMY SERVICES INC



Principal Place of Business Mailing Address
201 SOUTH RIDGEWOOD AVENUE **201 SOUTH RIDGEWOOD AVENUE**
ORMOND BEACH, FL 32174 **ORMOND BEACH, FL 32174**

2. Principal Place of Business 3. Mailing Address
977 GARDENIA ← **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAYTONA BEACH FL **ORMOND BEACH FL**

Zip Country Zip Country
32117 **USA** **32174** **USA**

20035414



04132005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3702216 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

FILASKY, KELLY
201 SOUTH RIDGEWOOD AVENUE
ORMOND BEACH, FL 32174

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

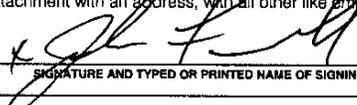
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILASKY, KELLY 201 SOUTH RIDGEWOOD AVENUE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P JOHN FUSSELL 977 GARDENIA DAYTONA BEACH FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN FUSSELL** Date: **4-15-05** Daytime Phone #: **x386 677 8338**