

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000092072

FILED
Jul 24, 2009
Secretary of State

Entity Name: DRG PHLEBOTOMIST SERVICES CORPORATION

Current Principal Place of Business:

14508 HIGHLAND HILLS PLACE
TAMPA, FL 33625

New Principal Place of Business:

5606 PINNACLE HEIGHTS CIR
#301
TAMPA, FL 33624

Current Mailing Address:

14508 HIGHLAND HILLS PLACE
TAMPA, FL 33625

New Mailing Address:

P.O BOX 340604
TAMPA, FL 33694

FEI Number: 59-3746034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARAMILLO, RICARDO
14508 HIGHLAND HILLS PLACE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

JARAMILLO, RICARDO
5606 PINNACLE HEIGHTS CIR
3301
TAMPA, FL 33624 US

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: JARAMILLO RICADO

07/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKENEY, RICARDO
Address: 14508 HIGHLAND HILLS PLACE
City-St-Zip: TAMPA, FL 33625

Title: SD () Delete
Name: JARAMILLO, GUILLERMO
Address: 14508 HIGHLAND HILLS PLACE
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: CRAWFORD, DENNIS
Address: 14508 HIGHLAND HILLS PLACE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKENEY, RICARDO
Address: P.O BOX 340604
City-St-Zip: TAMPA, FL 33694

Title: SD (X) Change () Addition
Name: JARAMILLO, GUILLERMO
Address: P.O BOX 340604
City-St-Zip: TAMPA, FL 33694

Title: TD (X) Change () Addition
Name: CRAWFORD, DENNIS
Address: P.O BOX 340604
City-St-Zip: TAMPA, FL 33694

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: GUILLERMO JARAMILLO

OF

07/24/2009

Electronic Signature of Signing Officer or Director

Date