

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000092072

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** DRG PHLEBOTOMIST SERVICES CORPORATION

**Current Principal Place of Business:**

5606 PINNACLE HEIGHTS CIR  
#301  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 340604  
TAMPA, FL 33694

**New Mailing Address:**

**FEI Number:** 59-3746034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JARAMILLO, RICARDO  
5606 PINNACLE HEIGHTS CIR  
3301  
TAMPA, FL 33624 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:** PD  
**Name:** MCKENEY, RICARDO  
**Address:** P.O BOX 340604  
**City-St-Zip:** TAMPA, FL 33694

**Title:** SD  
**Name:** JARAMILLO, GUILLERMO  
**Address:** P.O BOX 340604  
**City-St-Zip:** TAMPA, FL 33694

**Title:** TD  
**Name:** CRAWFORD, DENNIS  
**Address:** P.O BOX 340604  
**City-St-Zip:** TAMPA, FL 33694

I hereby 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 all other like empowered.

**SIGNATURE:** GUILLERMO JARAMILLO

OWN

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date