


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 006 ***150.00

DOCUMENT # P02000096223 1. Entity Name SCHEDULING OF PHLEBOTOMIST SERVICES, INC.					
Principal Place of Business 1655 E SEMORAN BLVD STE 13 APOPKA, FL 32703			Mailing Address 1655 E SEMORAN BLVD STE 13 APOPKA, FL 32703		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3062803	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAVAUD, MALCOLM S 1446 MAJESTIC OAK DR APOPKA, FL 32712			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVAUD, MALCOLM S 1446 MAJESTIC OAK DR APOPKA, FL 32712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAVAUD, SERGE 1446 MAJESTIC OAK DR APOPKA, FL 32712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Serge Lavaud</i> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date: <i>07/01/05</i> Daytime Phone #: <i>407-592-2717</i>		

ATTACHMENT

14018745

#P02000096223

Scheduling of Phlebotomist Services, Inc.
1655 East Semoran Blvd. #13
Apopka, Florida 32703

July 1, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

Enclosed is the signed 2005 Corporate Annual Report. Along with a check for the amount of \$150.00

We respectfully request a waiver of the late filing fee based on the following reasonable cause.

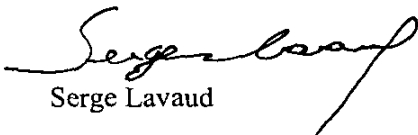
We had originally sent in the Annual Report on or around March 20, 2005. However, we did not sign the Annual Report. Subsequently, we did receive correspondence from your office dated March 29, 2005 stating that the form was not complete due to the lack of a signature.

Unfortunately, our office staff misplaced the return form until this week. We are attaching a check in the amount of \$150.00 for the original application fee.

We did not intentionally file late, but in fact, did file early; however, the form was not signed. Accordingly, we hope that you will consider our request to waive the late filing fee.

Thank you for your consideration.

Sincerely,


Serge Lavaud