

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120602

FILED  
May 26, 2005  
Secretary of State

Entity Name: PROFESSIONAL PHLEBOTOMY INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

444 CAMILO AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 142062  
CORAL GABLES, FL 33114 20

**New Mailing Address:**

FEI Number: 20-1554228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARDONNE, ODILIA  
C/O BAUR&KLEIN,PA, 100 NO. BISCAYNE BLVD.  
#2100  
MIAMI, FL 33132 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

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: P ( ) Delete  
Name: NUNEZ, JUAN F  
Address: P.O. BOX 142062  
City-St-Zip: CORAL GABLES, FL 33114-206 2

Title: VP ( ) Delete  
Name: SANCHEZ, AMPARO  
Address: P.O. BOX 142062  
City-St-Zip: CORAL GABLES, FL 33114-206 2

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN F. NUNEZ

P

05/26/2005

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

\_\_\_\_\_ Date