

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000093034

Entity Name: K&A PHLEBOTOMY SERVICE INC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1484 AVON LANE  
12  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

1484 AVON LANE  
12  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

FEI Number: 80-0659509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHARTON, ANDRE  
1484 AVON LANE  
12  
NORTH LAUDERDALE, FL 33068 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHARTON, ANDRE T  
Address: 1484 AVON LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP  
Name: FLINT, KENYATTA  
Address: 1484 AVON LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

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: ANDREWHARTON

VP

02/28/2011

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

\_\_\_\_\_  
Date