2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P10000103473

Entity Name: ALPHA PHLEBOTOMY SERVICES, INC

Current Principal Place of Business:

112 TREEMONT DR
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

112 TREEMONT DR
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 27-4381905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGANA, MARIA H
112 TREEMONT DR
ORANGE CITY, FL, FL 32763 US

Name and Address of New Registered Agent:

MAGANA, MARIA H
112 TREEMONT DR
ORANGE CITY, FL 32763 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: 04/30/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAGANA, MARIA H
Address: 112 TREEMONT DR
City-St-Zip: ORANGE CITY, FL 32763

Title: VP
Name: ROMAN, RUTH
Address: 112 TREEMONT DR
City-St-Zip: ORANGE CITY, FL 32763

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: MARIA H MAGANA P 04/30/2011
Electronic Signature of Signing Officer or Director Date